Joint Department of Biomedical Engineering UNC-NCSU EB3 Equipment Rm. 4413 Registration Form

Note: this form is for individuals who require access to 4413, but will not be using the BME Culture Core service center labs (4321, 4201 A&B). This form is provided for preview purposes only. To complete the online Google Form Request link from shbernac@ncsu.edu.

<u>Name</u>	Today's Date
Campus ID number	Unity ID
Email	Phone Number
Phone number or email that wi	Il accept text messages:
Whom should we call if you ge	t hauled off in an ambulance?
Name/relationship	Phone
Status:	
Undergraduate Student _ Graduate Student _ Post-doc NCSU/UNC Staff Faculty Other (explain)	M.SPh.D.
Beginning (mo /yr) and	Anticipated End Dates (<u>mo /yr</u>) at NCSU
Research Advisor/PI/Faculty S	ponsor (for non-faculty):
Department and/or Degree Pro	ogram:
Project Name(s):	
training required)Anprolene AN74i ethyle	terilizer 26"x37.5"x48" interior dimensions (additional ene oxide sterilizer 12"x12"x24" interior dimensions ezer model ULT1090 10.3 cu. ft. achine C)
Estimated Dates: Please indi	cate estimated beginning and end dates of use:

The online training modules below are required for use of 4413. Modules are available through the EHS training page: https://ehs.ncsu.edu/training/, or by typing the course number into the search bar at the REPORTER website: https://reporter.ncsu.edu/index.html

Safety Plan number is 1077, Pl is Susan Bernacki shbernac@ncsu.edu

- >>EHPS-LS103 NC State Safety Orientation Checklist (*see important note)
- >>EHPS-HW101 Laboratory Chemical Waste Management Training (since Feb. 6, 2018)
- >>EHPS-LS104 Chemical Hygiene Plan
- >>RES-COMPLI-IBC Biosafety Orientation
- >>EHPS-BS201 Laboratory Biological Safety Training
- >>EHPS-LS300 Cryogenics Safety Training
- >>EHPS-BS300: Autoclave Use and Safety Awareness

*Important note: The Safety Orientation Checklist, AKA Manager's Safety Checklist is required by NCSU for ALL lab personnel when they begin work in a new lab. It is completed together with the PI, lab manager or other supervisor for that laboratory. All Rm 4413 users must complete this checklist with the supervisor of their primary laboratory prior to receiving access to Rm 4413.

Submit a PDF of your Training Summary (available under My Account in REPORTER) along with this registration form. Compare your Training Summary to the example on page 3 of this form to verify that all requirements are complete. Do not submit individual certificates. *All online training modules must be completed prior to the in person safety orientation.*

_____ Date of Rm 4413 In Person Safety Orientation

Please be aware: Safety glasses are required AT ALL TIMES in Rm 4413, including brief visits for ice or to access the freezer. Any user found not wearing safety glasses will be issued an official warning. On second offense, the user will lose access to Rm 4413.

Sterilizer Use: Briefly describe any items or waste to be sterilized using either the steam autoclave or EtO sterilizer

*List any **organisms**, **tissues**, **cell lines or biological products** that may be brought into 4413, including any from which waste may brought for autoclaving. A Biologicals Form must be submitted for any BSL-2 materials. Waste from BSL-2 operations may be brought in closed bags or other containers to be autoclaved, but must not be left unattended prior to autoclaving. Active BSL-2 work may not be conducted in Rm 4413.

*List **all chemicals**. A Chemical Form must be submitted for any hazardous chemicals used in 4413, and for ALL chemicals stored in 4413 regardless of hazard level.

Date Access Approved	Approved by (initials)
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REPORTER Training Summary Example- This is what the PDF of your Training Summary should look like. Check that all courses shown here appear on your summary. Do not submit individual certificates or screenshots of registration records.

Example Training Summary for Rm 4413

Printed Date:

Tue 05/14/2019



Training Summary

Your Name Here yourname@ncsu.edu Engineering Building III (EB3) Raleigh, NC 27695

Course	Final Attendance	Date Completed	Instructional Hours
Autoclave Use and Safety Awareness	Complete	05/13/19	0.50
Chemical Hygiene Plan	Complete	10/31/18	2.00
Safety Orientation Checklist	Complete	10/31/18	1.00
Laboratory Chemical Waste Management Training	Complete	10/31/18	1.00
Laboratory Biological Safety Training	Complete	05/21/18	1.00
Biosafety Orientation	Complete	02/15/18	0.25
Cryogenics Safety Training	Complete	12/29/17	0.25

EB3 Rm. 4413 Chemical Form

A separate form must be completed for EACH hazardous chemical (or reagent/kit) that will be stored in Rm 4413. Non-hazardous materials may be listed on one form. All primary and secondary containers must be labeled with user and PI name and date. If possible, attach a digital version of the item description from the supplier's website.

User name	
PI name	
Today's date	
Chemical/reagent/kit name:	
Storage location (e.g86° freezer, refrigerator)	
CAS number(s) (if not on attached supplier info):	
Physical state (liquid, solid, gas)	
Type and size of container (glass/plastic bottle/jar etc.)	
Storage requirements:	
Hazards:	
Disposal requirements:	

EB3 Rm. 4413 Biologicals Form

Complete a separate form for EACH biological material. A form is required for any BSL-2 materials stored or brought for autoclaving, and for any BSL-1 materials stored in 4413. All materials MUST be labeled with user and PI name and date.

User name	
PI name	
Today's date	
Storage location (e.g. Liquid nitrogen Dewar, -86° freezer, refrigerator)	
Biological name/description:	
BSL level:	
Is a Biological Use Agreement required? See Biosafety Manual at http://www.ncsu.edu/ncsu/ehs/biosafety.htm for guidance	

BUA number and approval date (please attach copy of BUA)

Will storage be required in 4413 for cell lines or microbial stocks?

Please provide complete supplier information including product details, quantity, supplier, item number and approximate date of purchase. You may attach a digital version of the item description from the supplier's website (pdf preferred).