**Biological Toxin Personnel Training & Qualification Record**

**Toxin Procedure Mentor:** Use this document to record all relevant actions and qualifying events required for the individual named to be approved for independent work with toxins of biological origin included in the lab’s Toxin Safety Plan. Maintain all completed records with the Toxin Safety Plan for regulatory review purposes. Please notify the BSO whenever a person has been added to, or removed from, the roster of personnel authorized to work with the toxin.

|  |  |  |  |
| --- | --- | --- | --- |
| Personnel Information |  | | |
| Name: | Trainee Eligibility Requirements | Date completed | Verified by (initials) |
| Job Title: | Biosafety 101:SMP |  |  |
| Phone & email: | Principles & Practices of Biosafety |  |  |
| PI: | Toxin Safety Plan Read |  |  |
| Assigned toxin procedure mentor: | Toxin Safety Plan Q&A with Toxin Procedure Mentor |  |  |
| Toxin(s) to be worked with & scope of activities to be performed: | Addition to IBC registration |  |  |
| Medical surveillance enrollment (if applicable) |  |  |

**TOXIN PROCEDURE Proficiency acknowledgment**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has satisfactorily completed all lab-specific procedural training (listed and documented on Page 2 of this form (or as outlined in attached records). He/she has been observed to be proficient in carrying out all procedures as outlined in the lab’s Toxin Safety Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal Investigator Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Toxin Procedure Mentor Signature & Date

**AUTHORIZED TOXIN USER CODE OF CONDUCT ACKNOWLEDGMENT**

I agree to follow all technical and biosafety procedures as outlined in the lab’s Toxin Safety Plan. I understand that my privileges to work with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ toxin may be revoked if I fail to follow these procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Toxin User Signature & Date

**Lab-specific hands-on procedural training and proficiency determination**

The PI & assigned toxin procedure mentor should list all relevant technical SOPs needed to perform planned activities. When possible, technique training should be performed using nonhazardous simulant materials. If the trainee has prior experience with a procedure/technique, they may be evaluated for proficiency after 1 observation is completed. High risk procedures being performed for the first time which involve concentrated toxin and/or sharps require a “dry run” observed by OCRS Biosafety or a senior researcher previously qualified to perform the procedure prior to performing the procedure with toxin. (Below is a sample proficiency record that could be used for the process outlined above. Alternate recordkeeping for proficiency records are acceptable provided that they capture the dates, training/observation events, and final proficiency.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of lab SOP | Observation 1 (DATE/INITIALS) | Observation 2 (DATE/INITIALS) | Observation 3 (DATE/INITIALS) | Proficiency verified (DATE/INITIALS) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Inventory/activity logging |  |  |  |  |
| Spill & exposure response |  |  |  |  |

|  |
| --- |
| **NOTES RELATED TO DRY RUNS/NEW PROCEDURES:** |