

# Institutional Biosafety Committee (IBC)

## Protocol Registration Form Supplement

### Safety Measures Supplement

Please provide a list of all personnel who will be working on this project, including the dates of their most recent BBP and basic lab safety training if applicable. Please also obtain their signature as evidence that they have been informed of potential hazards related to this project.

**Name:** \_\_\_\_\_

**BPP Training Date:** \_\_\_\_\_

**Lab Safety Training Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**BPP Training Date:** \_\_\_\_\_

**Lab Safety Training Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**BPP Training Date:** \_\_\_\_\_

**Lab Safety Training Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**BPP Training Date:** \_\_\_\_\_

**Lab Safety Training Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### Affirmation

I accept responsibility for the safe conduct of work with this material. I accept responsibility for ensuring that all personnel associated with this work have received the appropriate training on the hazards and the levels of containment required to perform this research safely. I will report to Colgate University's Office of Environmental Health and Safety any accident or incident that results in a potentially toxic exposure to personnel or any incident releasing recombinant DNA or other potentially hazardous materials into the environment

**Principal Investigator:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Grant Agency:** \_\_\_\_\_

**Award Number:** \_\_\_\_\_