

ANNUAL BIOSAFETY RENEWAL FORM
Institutional Biosafety Committee (IBC)
The University of Mississippi Medical Center
(Approved September 2004)

Complete and return no later than: _____

1) I continue to perform or supervise activities involving one or more biohazards.

No (skip to and complete #5, return to IBC)

Yes (complete next section)

2) These biohazards:

Are exempt from federal guidelines and/or } (skip to and complete #4 and #5, return to IBC)
require containment at BSL-1

Require containment at: BSL-2 BSL-3 BSL-4 (complete all sections, return to IBC)

3) Annual retraining of personnel was conducted on (date in yyyyymmdd format): _____

It consisted of (check all that apply):

Attending IBC-sponsored continuing education seminar on (date) _____

Viewing training video on (subject) _____

Supervisor review of practices, techniques and barriers that provide containment

Supervisor led discussion on risk assessment update

Other (describe) _____

4) Personnel under my supervision who are currently working with biohazards are listed below (use back if additional space required). **If working at BSL2 or higher, they have undergone annual retraining.**

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

5) Supervisor's Name: _____ Title _____

Signature _____ Date _____

Copy: 1) to IBC, 2) maintained by supervisor and 3) in Biosafety Manual (if BSL-2 or higher).