

SCHOOL OF MEDICINE CARD ACCESS SYSTEM
EAST BALTIMORE CAMPUS

BSL-3

CLEARANCE REQUEST FORM

INTERIOR ACCESS

FACILITIES MANAGEMENT:

This section to be completed by Department of Facilities Management.

CARD# _____

Expiration Date: _____

New: _____
Add: _____
Delete: _____

	Date	Initial
Entered: _____	_____	_____
Activated: _____	_____	_____
Deleted: _____	_____	_____

Replaces Card # _____

Replaced by Card # _____

INDIVIDUAL TO WHOM CARD WILL BE ISSUED:

This section must be completed in its entirety prior to card being activated.

Name: _____
(LAST) (FIRST) (M.I.)

S.S. Number: _____ Room: _____

I.D. Badge #: _____ Building: _____

Department: _____

Phone Ext.: _____

Department #: _____

Status: Faculty _____ Staff _____ Student _____ House Staff _____ Fellows _____ Temporary _____

I have attended the JHU Biosafety Office BSL-3 SOP review training course within the past 12 months.

Date Attended _____ Signature _____ Trainer _____

I have reviewed and passed the exam for Bloodborne Pathogens training within the past 12 months.

http://www.hopkinsmedicine.org/interactive_learning/my_learning/index.html

Date passed _____ Signature _____

I have received agent specific training from my PI on : _____ (BSL-3 agent/s).

Date _____ Signature Applicant _____ Signature Trainer _____

I have completed hands-on orientation and training on entry/ exit procedures.

Date _____ Signature Applicant _____ Signature Trainer _____

APPROVALS:

All necessary approvals must be obtained prior to card being activated.

Biosafety Approval----- **Confirmed by: e-mail / phone (circle one)** Date: _____
By RAR Director of Lab Animal Mgmt Signature _____

Principal Investigator: _____ PI Approval: _____

*Approved Animal Protocol Numbers: _____ *Required for animal housing areas

Research Animal Resources _____ Date: _____
(Ross 459-RAR Director, LAM)

Please return completed forms to FACILITIES MANAGEMENT 2024 Monument St, Suite B1100

If you have any questions or concerns, please call (410) 614-1803.

BSL-3 Clearances-Locations

Department must initial next to each authorized clearance. Also please note that all animal clearances include the Ross Penthouse Cold Box and building perimeter entrances 24 hours per day 7 days per week.

<u>Initial</u>		
_____	BRB01	All animal rooms in the Broadway Research Bldg.
_____	BRB02	<u>Rooms:</u> Employees Entrance: B02-A, B05-A, BC3-A, BC5-A, and Elevator # 7
_____	BRB03	<u>Rooms:</u> Investigators Entrance: B05-A, BC3-A, BC5-A, and Elevator # 7
_____	BRB04	<u>Rooms:</u> Receiving Entrance: B04A-A, BC2-A, and Elevator # 7
_____	BRB05	<u>Rooms:</u> B02-A, B06F-A (BSL-3) RAR-Lindsay Barnes
_____	BRB06	<u>Rooms:</u> All suites (Includes suites 10 thru 20)
_____	BRB07	<u>Rooms:</u>
_____	BRB08	<u>Rooms:</u>
_____	BRB09	<u>Rooms:</u>
_____	BRB10	<u>Rooms:</u> Suite 10 Entrance thru B10-A
_____	BRB11	<u>Rooms:</u> Suite 11 Entrance thru B11-B
_____	BRB12	<u>Rooms:</u> Suite 12 Entrance thru B12-A
_____	BRB13	<u>Rooms:</u> Suite 13 Entrance thru B13-B
_____	BRB14	<u>Rooms:</u> Suite 14 Entrance thru B14-A
_____	BRB15	<u>Rooms:</u> Suite 15 Entrance thru B15-B
_____	BRB16	<u>Rooms:</u> Suite 16 Entrance thru B16-A
_____	BRB17	<u>Rooms:</u> Suite 17 Entrance thru B17-B
_____	BRB18	<u>Rooms:</u> Suite 18 Entrance thru B18-A
_____	BRB19	<u>Rooms:</u> Suite 19 Entrance thru B19-B
_____	BRB20	<u>Rooms:</u> Suite 20 Entrance thru B20-A