Flow Cytometry Facility

## **Observer Registration Form**

**Registrant Contact Information:** Last Name First Name University Status (Graduate, Institution/Department Undergrad, Staff, etc.) Lab Address Student/Personnel # Phone (Lab) Phone (Cell) **Email Address Supervisor/Principal Investigator Contact Information:** Job Title Department Last Name First Name Office Address Phone (Office) **Email Address Supervisor Authorization** I understand that as the Principle Investigator I am responsible for obtaining biosafety approval for all work conducted in the facility by my staff/trainees and that changes in biosafety certificate status must be declared to the Flow Cytometry Facility staff. I understand that as the Principal Investigator I will be responsible for all charges incurred by my personnel within the facility, and that the facility operates on a fee for service basis - all rates are posted on the Facility's website http://flowcytometry.utoronto.ca/ equipment/services/ I hereby authorize (a project/ rotation/summer student/new trainee) to accompany my qualified laboratory staff members when working in the Flow Cytometry Facility. My staff member understands that they are not to instruct the trainee in the use of the cytometers and must be present at all times when the trainee is in the laboratory. Signature: **Principle Investigator** Date **Facility Contact Information:** 

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## **CONTAINMENT LEVEL 2 – MEMORANDUM OF UNDERSTANDING**

In accordance with the University of Toronto <u>Biosafety Policies and Procedures Manual</u>, I understand that the Faculty of Medicine Flow Cytometry Facility located at room 7226 Medical Sciences Building, functions mainly as a **Containment Level 2+ Facility**. I have read, understand, and will comply with the University of Toronto's Biosafety Policies and Procedures Manual, Biosafety training course, PHAC Laboratory Biosafety Guidelines and any other applicable regulations or standards (e.g. CFIA) when working in this area.

All unfixed biological agents and materials of Risk Group 2 or higher must be analyzed under Level 2 containment conditions. There are two instruments located inside biological safety cabinets for use at Level 2 Containment and are solely operated by trained Facility Staff members. Otherwise, all level 2/2+ samples must be fixed prior to bringing to the lab. The analysis instruments in rooms 7226 and 7238 may be used with BSL1 safety precautions.

Please acknowledge the following with your initials or indicate (N/A) where not applicable.	
When in the laboratory, Personal Protective Equipment must be worn (i.e. lab coat and gloves, closed toe and closed heel shoes)	
When using the Level 1 analyzers, all samples of Risk group 2 or higher must be fixed prior to bringing them to the lab.	Initial
I have been trained on the use of and know the exact location of the eyewash, safety shower, fire exit, spill kit and first aid kits.	Initial
I will notify my supervisor or his/her designate, and the Biosafety Officer, of any accident or exposure incident, and will also complete required forms immediately http://www.ehs.utoronto.ca/resources/wcbproc.htm	Initial
I will notify my supervisor or his/her designate, and the Biosafety Officer, of any violations of safety requirements, or any release of materials to the environment. I will cooperate fully in any investigation of these matters.	Initial
I know that if I have a medical condition, including a suppressed immune system, or if I have a medical concern, I must seek advice from the University's Occupational Health medical doctor by calling 416-978-4476.	Initial
A copy of the MSDS for each pathogenic agent, requiring greater than Level 1 containment, will be provided to the Facility <i>AND</i> if the agents in use change the new MSDS will be provided.	Initial
	Initial
Signatures:	
Principle Investigator Date	
Escility Hear Date	