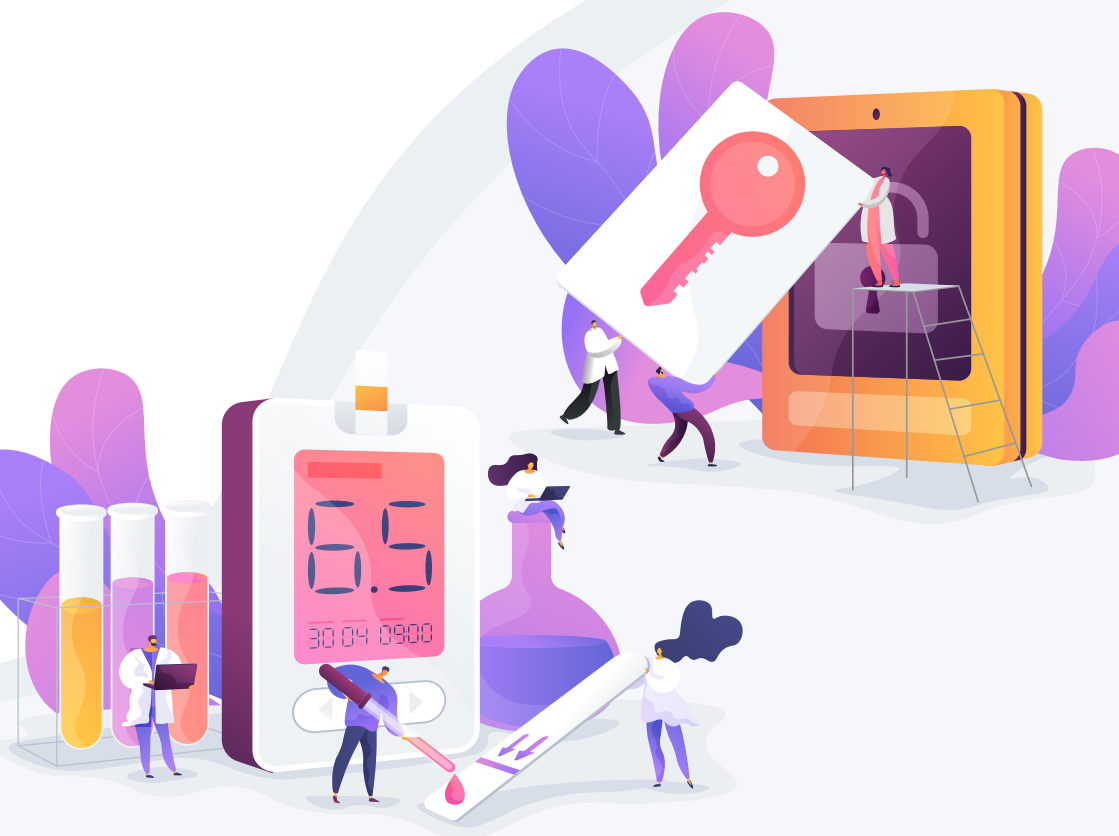


PASSPORT TO A BIOSAFETY LEVEL 3 FACILITY



CONTENT

INTRODUCTION	4
PASSPORT LIFE CYCLE	5
ROLE AND MISSION OF THE BSL3 REFERENT	6
USER SHEET	7
BIOHAZARD SHEET	8
CHEMICAL HAZARD SHEET	10
SHARED EQUIPMENT SHEET	10
MEDICAL CHECK-UP SHEET	11
TRAINING SHEET	12
BSL3 ACCESS	15

Editors: Edra Antony-Francis, Elora Antony-Francis, Meriem Kadri, Lydie Lefrançois, Dr Myriam Bouselham, Sylvie Ben Slama - With the contribution of Valérie Dessirier, Cécile Couriaud, Magali Torres - Production: Audrey Peloni (MoM/DRH) - Image credits: Adobe Stock ©Visual Generation - Jan 2022

INTRODUCTION

The passport for access to a biosafety level 3 laboratory is a personal booklet. It allows you to learn how to work fully safely in a BSL3 facility. To fill it in, you will be accompanied by the BSL3 referent or the area manager.

You will thus have a follow up in terms of occupational risks for yourself or medical attention you should need.

After listing the hazards you could be exposed to at your workplace, you will be provided a training by the BSL3 referent or the area manager.

It is important, in case of a change in the research project (shift in handled pathogens) to update your booklet and your medical check-up.

Please note that you will not be able to access the BSL3 facility until the passport has been correctly filled in, validated and signed by all parties (referent, supervisor, unit director and yourself) and that you have undergone a medical check-up from a physician at work.

If there is a steering committee on site:

Email of the committee or of the committee representative:

Phone number:

»»» PASSPORT LIFE CYCLE



A staff member of the unit must use the BSL3 facility



The staff member gets in touch with the referent of the containment lab

➤ *Acquisition of the personal BSL3 Passport*



The unit arranges in consultation with the employer an appointment with the occupational physician. The staff member is invited to a medical examination.

➤ *Bring and show your BSL3 passport*

The occupational physician provides a medical opinion

➤ *No medical contraindication*



Training of the staff member by the containment referent

➤ *Follow-up to the BSL3 personal passport*



Access to the BSL3 facility is granted

➤ *Signed personal BSL3 Passport*



ROLE AND MISSION OF THE BSL3 REFERENT

Last name:

First name:

Phone number:

Email:

The biosafety level 3 referent is responsible for the proper conduct of activities involving biological agents highly pathogenic for humans or animals.

His/her role is to:

- Master the running operations of biosafety level 3 facilities;
- Know the regulations related to biological hazard;
- Assess the risk associated with the activities;
- Ensure that occupational health and safety rules are applied and respected by all users including externals;
- Report any incident, accident or malfunction to the head of the unit, and record it in the Occupational Health and Safety Register (OHSR);
- Participate in the implementation of the internal emergency plan to ensure the biological safety and security of the laboratory;
- Ensure the maintenance and the compliance of the premises and equipment.

His/her missions tasks are to:

- Implement procedures regarding access, work, maintenance of the premises, decontamination, waste management. And ensure their follow-up;
- Welcome and train new users : entry/exit procedures, wearing of PPE, work procedures, operating the equipment, risk knowledges, what to do in case of an accident, evacuation...;
- Establish and enforce good laboratory practices;
- Ensure the follow-up of regulatory controls and maintenance operations of equipment and installation;
- Coordinate the interventions of external companies.

USER IDENTIFICATION

** To be completed with the BSL3 referent or the area manager*

Last name	
First name	
Email	
Phone number	
Employer	
Status	<input type="checkbox"/> PhD student <input type="checkbox"/> Post doctoral student <input type="checkbox"/> Short term contract <input type="checkbox"/> State employee <input type="checkbox"/> Other
Research Unit	
Team or department	
Name of supervisor	
Former experiences in BSL3 facilities	Training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the date: _____ Duration: _____ Work done (e.g. type of microorganism, GMO): _____
Short description of the project	
Intended frequency of use	

Date:

**Signature of the referent or
the area manager:**

** To be filled in with the BSL3 referent or the area manager*

1 - Human sample: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe which ones		
Serotyped	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
2 - Human cell: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary cultures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
Commercial cell lines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
3 - Animal sample: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Species		
Organs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
Cells	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
4 - GMO: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insert type
Vector type <ul style="list-style-type: none"> ▪ Lentivirus ▪ Retrovirus ▪ Adenovirus ▪ AAV ▪ HSV ▪ Others 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B

**5 - Microorganisms: ☐ Yes ☐ No**

	Present within the BSL3 lab (co-activity)	I use in the BSL3 lab	Specify nature (whether they are present or handled)
Virus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bacteria	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fungi	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parasite	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6 - Prion: ☐ Yes ☐ No

	Présent within the BSL3 lab (coactivité)	I use in the BSL3 lab	
Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7 - Sharp / Cutting: ☐ Yes ☐ No

Specify	
---------	--

Date:**Signature of the referent or
the area manager:**



CHEMICAL HAZARD SHEET



** To be filled in with the BSL3 referent or the area manager*

Use of chemicals			
	Present within the BSL3 lab (co-activity)	I use in the BSL3 lab	Specify nature (whether they are present or handled)
CMR (carcinogenics, mutagenics, reprotoxics)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cytotoxics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others (Flamables, accute toxics...)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



USE OF SHARED EQUIPMENTS

** To be filled in with the BSL3 referent or the area manager*

Equipments		
Flow cytometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
Centrifuge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
BioSafety Cabinet class II	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
Autoclave (requires authorization)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
CO ₂ incubator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
Others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>

Date:

Signature of the referent or
the area manager:



MEDICAL FOLLOW-UP FOR ACCESS TO BSL₃

This passport must be given to your occupational physician before entering into a biosafety level 3 lab. Medical attention includes a check-up every two years.

It is important to inform your occupational physician whenever there is a change in the experiments.

INSERT THE MEDICAL
CHECK-UP SHEET



GENERALITY		
Provided by:		Signature:
Date:		
In and out rules	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
P.P.E	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
What To Do (in case of an accident)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Samples transport	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>



BIOHAZARD		
Provided by:		Signature:
Date:		
NEO Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Blood Exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Biological waste management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>



CHEMICAL HAZARD		
Provided by:		Signature:
Date:		
NEO Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Chemical waste management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Accidental chemical spilling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>



FIRE AND RESCUE		
Provided by:		Signature:
Date:		
NEO Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Fire drill (extinguisher)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
First aid and rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Emergency evacuation / Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>



EQUIPMENTS		
Flow Cytometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
<div> <div>Name:</div> <div>Date:</div> <div>Signature:</div> </div>		
Centrifuge	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
<div> <div>Name:</div> <div>Date:</div> <div>Signature:</div> </div>		
BioSafety Cabinet class II	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
<div> <div>Name:</div> <div>Date:</div> <div>Signature:</div> </div>		
Autoclave	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
<div> <div>Name:</div> <div>Date:</div> <div>Signature:</div> </div>		
CO ₂ incubator	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
<div> <div>Name:</div> <div>Date:</div> <div>Signature:</div> </div>		
Gaz cylinder (CO ₂)	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
<div> <div>Name:</div> <div>Date:</div> <div>Signature:</div> </div>		
Other (Solitary work protection...)	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>

USER'S SIGNATURE:	SIGNATURE OF THE CONTAINMENT AREA REFERENT:
<p>I certify that I have received and understood the general safety instructions and specific instructions at the workplace. I pledge to comply to them when carrying out my work.</p> <p>I also certify that I have read the internal regulations and the procedures for accessing the BSL3 area.</p> <p>I pledge to :</p> <ul style="list-style-type: none"> ▪ Report to the BSL3 referent or the area manager any incident, accident or malfunction, which shall also be recorded in the occupational health and safety register located to ▪ Come to the laboratory only during working hours, from Monday to Friday , and never be in solitary work situation. ▪ Inform the BSL3 referent or the area manager of any change in my experimentation projects <p>Last name: First name: Date: Signature:</p>	<p>I certify that I have given the safety instructions and good BSL3 laboratory practice necessary to carry out the manipulations described on this document.</p> <p>After assessing his/her knowledges, the staff member seems to show sufficient skills to undertake these activities.</p> <p>Last name: First name: Mail: Phone: Date: Signature:</p>
<p>SIGNATURE OF DIRECT SUPERVISOR:</p> <p>Last name: First name: Date: Signature:</p>	<p>SIGNATURE OF THE UNIT DIRECTOR:</p> <p>Last name: First name: Date: Signature:</p>

