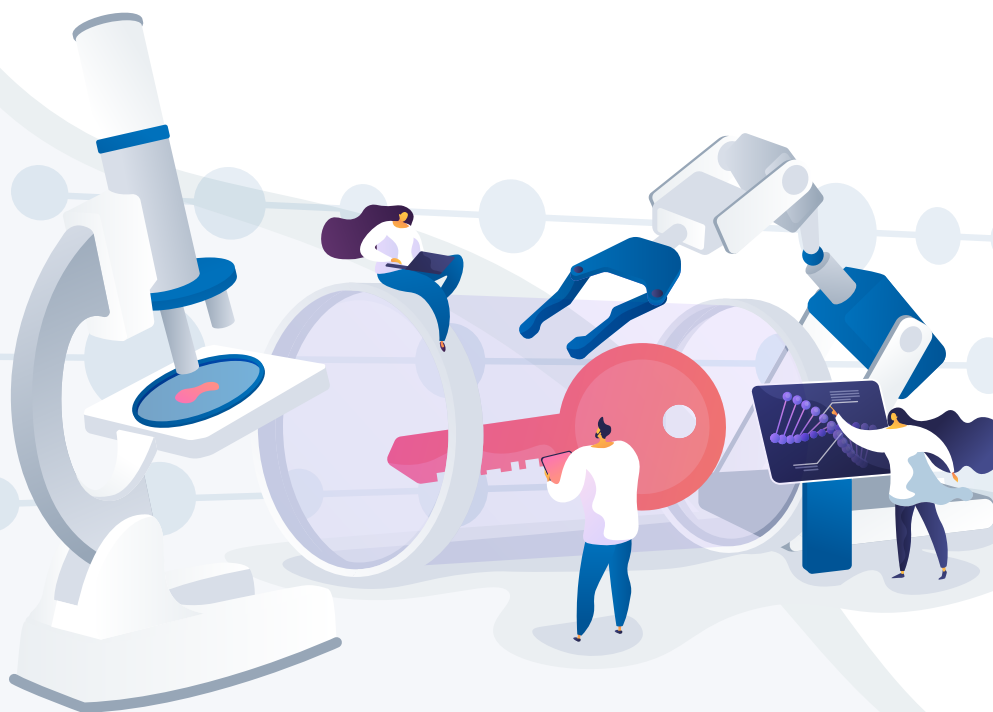


PASSPORT TO A BIOSAFETY LEVEL 2 FACILITY





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INTRODUCTION

The passport for access to a biosafety level 2 laboratory is a personal booklet. It allows you to learn how to work fully safely in a BSL2 facility. To fill it in, you will be accompanied by the BSL2 referent or the area manager.

Because you may be exposed to certain hazards, you will be given a special, you will benefit from special medical check up. As such, it is useful to carry out a medical examination as soon as you have completed your passport to a biosafety level 2 facility. Then, a regular medical follow-up, every 2 years, will be set up.

After listing the hazards you could be exposed to at your workplace, you will be provided a training by the BSL2 referent or the area manager.

In case of a change in the research project with the same level of risk (use of equipment or other pathogens). It is necessary to update your booklet. The physician at work will then decide whether a la palce de if a new consultation is necessary.

Access the BSL 2 facility will be given to you according to the organization of the unit (access procedure, fonctionnal rules of the L2, internal regulations of the unit...).

If there is a steering committee on site:

Email of the committee or of the committee representative:

Phone number:

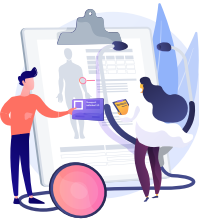
»»» PASSEPORT LIFE CYCLE



A staff member of the unit must use the BSL2 facility



The staff member gets in touch with the referent of the containment lab
> *Acquisition of the personal BSL2 Passport*



Contact the employer occupational health service to plan a medical examination
> *Take and communicate your BSL2 passport*
The medical opinion may be included in this BSL2 passport
> *No medical contraindication*



Training of the staff member by the containment referent
> *Follow-up to the BSL2 personal passport*



Access to the BSL2 facility is granted
> *Signed personal BSL2 Passport*





ROLE AND MISSION OF THE BSL2 REFERENT

Last name:

First name:

Phone number:

Email :

The biosafety level 2 referent is responsible for the proper conduct of activities involving genetically modified organisms, biological agents pathogenic to humans or animals and level 2 cells culture.

His/her role is to:

- Master the running operations of biosafety level 2 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 BSL2 referent or the area manager*

Last name	
First name	
Email	
Phone number	
Employer	
Status	<input type="checkbox"/> PhD student <input type="checkbox"/> Post doctorant student <input type="checkbox"/> Short term contract <input type="checkbox"/> State employee <input type="checkbox"/> Other (specify):
Research Unit	
Team or department	
Name of supervisor	
Former experiences in BSL2 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:



BIOHAZARD SHEET



(1/2)

* To be completed with the BSL2 referent or the area manager

1 - Human sample: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describ wich ones		
Serotyped	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify</i>
2 - Human Cells: <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		
▪ Lentivirus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B
▪ Retrovirus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B
▪ Adenovirus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B
▪ AAV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B
▪ HSV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B
▪ Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B



5 - Microorganisms: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Present in the BSL2 (co-activity)	I use in the BSL2	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 - Prions from scrapie in their natural host (sheep, goat): <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Present in the BSL2 (co-activity)	I use in the BSL2	
Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 - Sharp / Cutting: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify			

Date:

Signature of the referent or the area manager:



CHEMICAL HAZARD SHEET



* To be completed with the BSL2 referent or the area manager

Use of chemicals			
	Present in the BSL2 (co-activity)	I use in the BSL2	Specify nature (whether they are present or handled)
CMR (carcinogenics, mutagenics, reprotoxics) Cytotoxics	<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	
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 completed with the BSL2 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:



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>
Sample transport	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Others	<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>



BIOHAZARD (continued))		
Waste management DASRIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Management of decontamination of equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Management of decontamination of the room	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>



CHEMICAL HAZARD		
Provided by:		
Date:		Signature:
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:		
Date:	Signature:	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>

ÉQUIPMENTS		
Flow Cytometer	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Names:	Date:	Signature:
Centrifuge	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Name:	Date:	Signature:
Biosafety Cabinet class II	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Name:	Date:	Signature:



ÉQUIPMENTS (continued)		
Autoclave	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Name:	Date:	Signature:
CO ₂ incubator	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Name:	Date:	Signature:
Gaz cylinder (CO ₂)	<input type="checkbox"/> Yes <input type="checkbox"/> Not concerned	<i>Specify, documentations and instructions transmitted (guide, procedure.....)</i>
Name:	Date:	Signature:
Others...(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 BSL2 area.</p> <p>I pledge to :</p> <ul style="list-style-type: none"> ▪ Report to the BSL2 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*. <p><small>*Should the situation exceptionally arise, I undertake to respect the procedure in the event of lone working</small></p> <ul style="list-style-type: none"> ▪ Inform the BSL2 referent of an evolution in my experimentation projects according to the organization of the unit. <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: Date : Signature :</p>
<p>SIGNATURE OF DIRECT SUPERVISOR : Last name: First name: Date : Signature :</p>	<p>SIGNATURE OF THE UNIT DIRECTOR: Last name: First name: Date : Signature :</p>



ANNEX MEDICAL CHECK-UP SHEET

This passport must be given to your occupational physician at the time of each visit. 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 or your health condition.



INSERT THE MEDICAL
CHECK-UP SHEET



