

Biosafety (CL2) and Chemical Hazard Training Request Form

Please answer ALL of the following questions and return form via email to dcmtraining@utoronto.ca. **Incomplete forms will not be reviewed.** Once eligibility is confirmed, a date for the next available module will be sent. All participants, including any assistants who may not directly be performing the procedure (but present in the room), must also attend the module.

Date: _____

UTORid: _____ Name: _____ UofT Email: _____

PI: _____ Protocol No.: _____ Protocol Expiry Date: _____

Expected start date of hazard use: _____ Species: _____

Which building will you be working in? ☐ CCBR ☐ MSB ☐ BSF ☐ UTM ☐ UTSC

Other, be specific:

Biological Agents:	Biosafety Permit No.:	Chemical Agents:
	Permit Expiry Date:	

Are you listed as a handler on the protocol above? ☐ Yes ☐ No

Note: If no, an amendment must be submitted to include you on the approved protocol.

Have you completed a respiratory fit test for an N95 mask? ☐ Yes ☐ No

Note: a copy of the respiratory fit card is required before training can begin. Registration can be found at the following Occupational Health and Safety link, The Respiratory Protection course is EHS 532 <https://ehs.utoronto.ca/training/respiratory-protection-training-fit-testing/>.

Are other technical procedures required to complete the CL2 or chemical hazard work?* ☐ Yes ☐ No

If yes, check all that apply.

☐ IV Injection ☐ IM Injection ☐ Gavage ☐ Saphenous Blood Collection ☐ Intracardiac Blood Collection

All procedures above are a part of the Advanced Techniques I module.

☐ Exsanguination/ Transcardial Perfusion

☐ Other, be specific:

Any procedures not included in any other modules may be trained in the Advanced Techniques II module.

** Please fill in the relevant request form. Refer to [Training Matrix](#) for a list of all available training.*

Will you be anesthetizing animals treated with biological or chemical hazards? ☐ Yes ☐ No

If yes, you must attend the anesthetic module.

Will you be performing surgery on animals treated with biological or chemical hazards? ☐ Yes ☐ No

If yes, you must attend the surgery module.

PI Undertaking: I confirm that my trainee requires the requested training and has completed all the necessary occupational health and/or applicable EHS training.

PI Signature: _____ Date: _____