

## APPENDIX VIII

### Memorandum of Understanding and Agreement on Biosafety

#### For lab personnel listed in Section H of UofT Biosafety permit

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 (eg. CFIA).  Yes

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.  Yes

I have been fully trained on the specifics of my work and am confident to start performing research on my own. I have been informed of the risks associated with this research, and I am participating voluntarily. I have read all applicable MSDSs.  Yes

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>  Yes

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.  Yes

I have been trained on and am able to properly operate the following equipment (please circle): autoclave, centrifuge, biosafety cabinet, fume hood, cryostat. List others, if applicable: \_\_\_\_\_  Yes

At all times when I am working I will wear provided Personal Protective Equipment, and footwear with closed toes and heels.  Yes

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  Yes

I recognize my responsibility to observe these practices and precautions while present in the laboratory and understand their importance for the safety and welfare of myself, all others in the laboratory, and the environment.  Yes

\_\_\_\_\_  
Signature of Research Participant

\_\_\_\_\_  
Signature of Permit Holder

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

#### **Attention to: Biosafety Permit Holders**

**Do not submit a copy of this form along with your Biosafety permit application. The original of this safety agreement signed by each lab worker listed on your Biosafety Permit must be kept in your office / lab.**

**Note that your records may be audited during a lab inspection normally conducted prior to permit renewal.**