

LARC QUALIFICATION AND TRAINING RECORD

Revised 10/22/04

Name: _____ Office Phone/Email: _____

Supervisor: _____

Who to contact in case of emergency or accident: _____ Phone: _____

ANIMAL PROCEDURES

| Procedure | Species | Trainer Signature (if local) | Date |
|---------------------|---------|------------------------------|------|
| Handling/Restraint: | | | |
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| Dosing Oral: | | | |
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| Dosing IV: | | | |
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| Dosing IP: | | | |
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| Dosing SQ: | | | |
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| | | | |
| Dosing IM: | | | |
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| Bleeding Venous: | | | |
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| | | | |
| Cardiac: | | | |
| | | | |
| | | | |
| Orbital: | | | |
| | | | |
| | | | |
| Tail: | | | |
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|---------------------------|--|--|--|
| | | | |
| Anesthesia method: | | | |
| | | | |
| Euthanasia method: | | | |
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| Cervical Dislocation: | | | |
| Ascites Fluid Collection: | | | |
| Surgery: | | | |
| Other: | | | |
| | | | |

TRAINING

| Course | Trained by | Date |
|---|-------------------|-------------|
| LARC-Lab Animal Safety Training | | |
| LARC-Control Substance Training | | |
| EHS-Bloodborne Pathogens (Initial) | | |
| EHS-Bloodborne Pathogens (Refresher) | | |
| EHS-BSL-2, BSL-3 | | |
| EHS-Laboratory Safety (Initial) | | |
| EHS-Laboratory Safety (Refresher) | | |
| EHS-Overview of Select Agent Rules Training | | |
| EHS-Respiratory Protection (Initial) | | |
| EHS-Respiratory Protection (Refresher) | | |
| EHS-Radiation Safety | | |
| EHS- Select Agent Training | | |
| | | |
| | | |

PROTOCOL SPECIFIC SOPS*

| SOP Title | Employee's Signature indicates SOP has been read and understood. | Date |
|---------------------------|---|-------------|
| SOP #63-BSL-2 (Initial) | | |
| SOP #63-BSL-2 (Refresher) | | |
| SOP #47-BSL-3 (Initial) | | |
| SOP #47-BSL-3 (Refresher) | | |
| SOP #65-SARS (Initial) | | |
| SOP #65-SARS (Refresher) | | |

*SOPs are available from the LARC office. Initial training is required prior to working with the various agents, refreshers are required at one year intervals following the initial training

By signing below I assure that I am qualified to perform the procedures indicated above in a humane and scientifically acceptable manner. I also agree to obtain additional training in new procedures when necessary.

Employee Signature

Date