

Category B Certification Form

PI/Laboratory	work phone number	e-mail address

Indicate status:

- Faculty Graduate Student Undergraduate Student Post-Doc
 Technician/Staff Co-op Student Summer Employee Visiting Faculty

I certify that I will ONLY have contact with aquatic species, fresh tissues/body fluids/ from non-biohazardous animals or enter the animal facility for observation ONLY of animal procedures.

I certify that I am required to have access to the animal facility as part of maintenance, construction or repair functions and will not handle animals.

I understand that by declaring that I will have limited animal exposure, my access to the animal facility may be restricted.

I also agree to notify the IACUC and the Occupational Health Program Coordinator if my anticipated exposure category level should change.

I understand that I may submit an annual Medical & Occupational History Form (to comply with Category A requirements) at any time.

Printed Name _____ Date _____

Signature _____

Contact the Freimann Life Science Center (1-6085) room 400 for forms and instructions.