Biological Experiment　Progress/ Completion　Report

Date (dd/mm/yy)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Safety Manager, SPring-8

I apply for the safety control of a biological experiment as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Experiment | | |  |
| Principal investigator | | Affiliation and department |  |
| Position |  |
| Name | Seal |
| Name of experiment worker | | |  |
| Place of experiment | | |  |
| Biosafety Level | | | □　１　　□ ２ |
| Experiment progress or completed | | | □ progress 　　　　□ completed |
| Specific biological samples used for the experiment | | |  |
| Period when experiment was conducted | | | Between January 30, 2006, and February 25, 2007 |
| Frequency | | | □　Almost every day　　□ About　　　times per week　□　　About times per month  □　　　　times per year　　　□　Did not use |
| Storage of biological samples  (Provide details if biological samples are stored at SPring-8.) | | | □ Yes　　　　□ No |
| (If “Yes” was selected above)  Storage location:  Party responsible for storage: |
| Restoration of original conditions | Safety cabinet  (Provide details if a safety cabinet is used.) | | Worker checked for normal conditions of cabinet (□ each time or □ regularly). |
| Other facilities1) | |  |
| Comments regarding the planning of this experiment2) | | |  |

※ Instructions for filling out this form

1) Describe the facility inspections that were performed at the conclusion of your biological experiment.

2) Provide any information that may influence safety and security during your biological experiments.

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| Received |  | Checked by the Safety Office |  |