

Biological Experiment Progress/ Completion Report

Form 19-7

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		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Experiment progress or completed		<input type="checkbox"/> progress <input type="checkbox"/> completed
Specific biological samples used for the experiment		
Period when experiment was conducted		Between January 30, 2006, and February 25, 2007
Frequency		<input type="checkbox"/> Almost every day <input type="checkbox"/> About _____ times per week <input type="checkbox"/> About _____ times per month <input type="checkbox"/> _____ times per year <input type="checkbox"/> Did not use
Storage of biological samples (Provide details if biological samples are stored at SPring-8.)		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (<input type="checkbox"/> each time or <input type="checkbox"/> 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.

Received		Checked by the Safety Office	
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