Oklahoma State University

Select Agent Program

Visitor Agreement Form

This document must be completed by an authorized escort BEFORE allowing visitors access to any registered laboratory/facility

Escort: Complete Block 1 and provide this form and all appropriate documentation to visitor

Visitor: Read and Complete Block 2 and provide this form back to the Escort

Escort: Read and Complete Block 3 and submit this form to the Office of University Research Compliance - Biosafety in 223 Scott Hall

**Block 1**

**Escort: Signature: Date:**

**Location of Site Visit:**

**Purpose of Visit:**

**List all Agent(s) for which potential exposure on this visit exists:**

**Date & Time of Site Visit:**

**Block 2**

*By signing below, I am indicating that I received Safety Data Sheets (SDS) or a similar document that list symptoms of disease associated with exposure to the agent(s) that are used in the research facility(s) I will visit. The risks associated with exposure are clear to me and my questions, if any, have been answered. I have been trained on specific SOP(s) of the research facility(s), including emergency response. Therefore, I understand the risks associated with entering the research facility(s) and voluntarily choose to enter. I understand that in the case of illness or injury resulting from entering the research facility, emergency medical treatment will be available at my own expense of via my employer’s workers’ compensation insurance, as no funds have been set aside by Oklahoma State University to compensate me in the event of illness or injury.*

PRINT

**Visitor: Signature: Date:**

**Block 3**

*The following signature indicates that the OSU personnel responsible for hosting the site visit has appropriately notified each visitor of the potential risk associated with visiting the above listed space(s). Additionally, the signature verifies that all visitors were given the appropriate Safety Date Sheets (SDS) or a similar document that list symptoms of disease associated with exposure to the above listed agents.*

PRINT

**Escort: Signature: Date:**

\*Attach an additional sheet of Block 2 if needed for additional visitors.

**Block 2**

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