Oklahoma State University

Select Agent Program

OSU Employee Visitor Agreement Form

This document must be completed by an authorized escort BEFORE allowing OSU employee 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 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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**Block 3**

*The following signature(s) indicate that the OSU personnel responsible for the research facility(s) listed above has appropriately notified each visitor of the potential risk associated with visiting this space and provided proper training for access to this space. Additionally, the signatures verify that all visitors were given the appropriate Safety Data Sheets (SDS) or a similar document that list symptoms of disease associated with exposure to the listed agent(s). The SDS sheet(s) are for the visitor to keep.*

PRINT

**Escort: Signature: Date:**

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

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**

**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 as an OSU employee that in case of illness or injury resulting from entering the research facility(s), emergency medical treatment will be available and shall be covered by workers’ compensation insurance.*

PRINT

**Visitor: Signature: Date:**