

Biological Experiment Progress/Completion Report

Form 19-7

Submitted: March 30, 2016

To: Safety Manager, SPring-8

Example

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

Name of Experiment		Functional analysis of ○○○○ regarding its △△△
Principal investigator	Affiliation and department	SPring-8 Department of □□□
	Position	Research staff
	Name	Taro Koukido Seal
Manager 1)	Name	Leave blank if synchrotron radiation was used Seal
Name of experiment worker		
Place of experiment		
Biosafety Level		<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2
Experiment progress or completed		<input type="checkbox"/> progress <input checked="" type="checkbox"/> completed
Specific biological samples used for the experiment		
Period when experiment was conducted		Between January 30, 2015 , and February 25, 2016
Frequency		<input type="checkbox"/> Almost every day <input type="checkbox"/> About times per week <input type="checkbox"/> About times per month <input checked="" type="checkbox"/> About 3 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 checked="" 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 facilities ²⁾	Storage refrigerator and equipment around the beam line were sterilized each time they were used. Apparatus used in the experiment was brought back to our organization after autoclaving.
Comments regarding the planning of this experiment ³⁾		Describe in detail any safety issues to be noted regarding samples used and operations conducted during the experiments.

※ Instructions for filling out this form

1) This form must be submitted to your manager:

SPring-8 employee → Department manager, etc.

External personnel → Departmental manager, etc.

User → SPring-8/SACLA User Office director (This field may be left blank when the form is submitted.)

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

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

Received		Checked by the Safety Office	
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