



Biological safety cabinet (BSC) use and knowledge assessment form.

Created: Mar 28, 2022; Last modified: Mar 28, 2022, Version: 1.0

Name: _____

Current affiliation: _____

Instructor's name: _____

1st test: (dd/mmm/yyyy) Score: _____ Certified: Yes No

2nd test: (dd/mmm/yyyy) Score: _____ Certified: Yes No

3rd test: (dd/mmm/yyyy) Score: _____ Certified: Yes No

4th test: (dd/mmm/yyyy) Score: _____ Certified: Yes No

Has subject received previous BSC training? Yes (+1) No (0) Date: (dd/mmm/yyyy)

Correctly describes main features of class I, II and III BSC? Yes (+1^{ea}) No (-1^{ea}) Pts: _____

Correctly describes class II type A1, A2, B1, B2? Yes (+1^{ea}) No (-1^{ea}) Pts: _____

Wears appropriate BSL2 personal protective equipment 2? Yes (+1) No (-1) Pts: _____

Wears appropriate BSL3 personal protective equipment 2? Yes (+1) No (-1) Pts: _____

Wears jewelry or watches under gloves? Yes (-1) No (+1) Pts: _____

Knows and demonstrates correct way to power-up BSC? Yes (+1) No (-1) Pts: _____

Resolves improper window slash height (or alarm)? Yes (+1) No (-1) Pts: _____

Identifies the BSC air-speed safe range in display? Yes (+1) No (-1) Pts: _____

Decontaminates inside of BSC before work? Yes (+2) No (-2) Pts: _____

Establishes three essential work-areas? Yes (+1) No (-1) Pts: _____

Cleans hands with ethanol prior to introducing into BSC? Yes (+1) No (-1) Pts: _____

Cleans material with ethanol prior to introducing into BSC? Yes (+1) No (-1) Pts: _____

Introduces ethanol, NaOCl and waste bag inside BSC? Yes (+1) No (-1) Pts: _____

Introduces micropipettes, pipette tips and tubes inside BSC? Yes (+1) No (-1) Pts: _____

Places absorbent towel underneath NaOCl bottle? Yes (+1) No (-1) Pts: _____

Decontaminates inside of BSC before work? Yes (+2) No (-2) Pts: _____

Provides time for laminar flow to stabilize before work? Yes (+1) No (-1) Pts: _____





Adjusts chair for proper armpit height?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Movements inside BSC are slow and intentional?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Hands remain inside BSC at all times?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Front ventilations grills remain unobstructed at all times?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Decontaminates gloves before removing from BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Removes outer gloves inside BSC after work in BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Decontaminates material before removing from BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Closes waste bag before removing from BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Has to abandon BSC work due to forgetfulness?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Incurs in spills while working in BSC?	<input type="checkbox"/> Yes (-2)	<input type="checkbox"/> No (+2)	Pts: _____
Removes NaOCl bottle after work in BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Decontaminates inside of BSC after work?	<input type="checkbox"/> Yes (+2)	<input type="checkbox"/> No (-2)	Pts: _____
Decontaminates inner gloves outside BSC after work in BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Leaves UV light on after work in BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Demonstrates correct way to shut-down BSC?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____
Describes Cell Biology lab decontamination procedure?	<input type="checkbox"/> Yes (+1)	<input type="checkbox"/> No (-1)	Pts: _____

Total Pts: _____ / 42

Assessment result: Failed (≤ 29) Passed (≥ 30 , 70%) Certified (≥ 36 , 85%)

Certified until: _____ (dd/mmm/yyyy) NOTE: 1 year for those Passed, 3 years for those Certified

Date of next assessment: _____ (dd/mmm/yyyy)

Dr. Christian A. García-Sepúlveda
Principal Investigator
Viral & Human Genomics Lab
Facultad de Medicina UASLP

Dr. Sandra E. Guerra-Palomares
Associate Investigator
Viral & Human Genomics Lab
Facultad de Medicina UASLP

