**HPAIV Specific Biological Safety Personnel Quarantine Requirements for Employees of the Colorado State University RBL Pod 1 (East) Laboratories**

All persons entering Pod 1 agree to the following practices and procedures to prevent exposure of susceptible species outside the laboratory. By signing this document, you agree to/ that:

󠄀 Read and heed all signage posted on/ by the Pod 1 locker room doors and Pod 1 anteroom to the Dirty

corridor prior to entry/ exit. Notification of HPAIV active work is communicated through this signage

󠄀 Shower out when performing barrier exit procedures when any active HPAIV work is being conducted

in Pod 1 and 7 days after active HPAIV work is completed

* Dry erase signs next to the Pod 1 locker rooms and signage to and from dirty corridor will indicate shower out requirement

󠄀 All persons will have no physical contact with susceptible species either on or off the

Colorado State University premises for **7 days after the last contact with HPAIV in BSL-**

**3/ABSL-3 laboratories**.

* The prohibition on contact with susceptible species includes, but is not limited, contact with any pet birds, backyard poultry flocks, birds at county/state fairs, commercial poultry operations, zoological collections (i.e. zoos) and wild birds (e.g. ducks, geese).

󠄀 **Only Bowen’s group** **enters B187, B196A and B196B where HPAIV is worked with in Pod 1,**

**during HPAIV active work and 7 days after work is completed and**

󠄀 Bowen lab personnel will not work in the B191 necropsy suite with HPAIV animals nor enter Slayden

BSL3 lab (B185) during active HPAIV or 7 days after active HPAIV work is completed.

󠄀 Visitors will be escorted at all times when in these facilities and will have to conform to these

requirements.

By signing this Quarantine Form, I acknowledge that I have read and understand these procedures and I agree to comply with these biological safety requirements.

Date \_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of visit (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_