

Areas of Practice

- | | | |
|--|--|---|
| <input type="checkbox"/> Microbiology and infectious agents | <input type="checkbox"/> BSL-3 research area biosafety concerns | <input type="checkbox"/> Laboratory design |
| <input type="checkbox"/> Biosafety issues in a large scale fermentation area | <input type="checkbox"/> BSL-4 research area concerns | <input type="checkbox"/> Design of large scale facilities |
| <input type="checkbox"/> Biosafety issues in a vaccine production area | <input type="checkbox"/> ABSL-1
<input type="checkbox"/> ABSL-2
<input type="checkbox"/> ABSL-3
<input type="checkbox"/> ABSL-4 | <input type="checkbox"/> Design of containment facilities |
| <input type="checkbox"/> Biosafety issues in a BSL-3 production facility | <input type="checkbox"/> Risk assessment | <input type="checkbox"/> Qualification of facilities |
| <input type="checkbox"/> Select Agents | <input type="checkbox"/> Setting up a biosafety website | <input type="checkbox"/> Decontamination, and sterilization |
| <input type="checkbox"/> Training Design | <input type="checkbox"/> Selection and use of PPE | <input type="checkbox"/> Medical surveillance programs |
| <input type="checkbox"/> Biosafety Program Development and Management | <input type="checkbox"/> Work practices
<input type="checkbox"/> Waste management | <input type="checkbox"/> Emergency response plans for biohazard areas |

Other _____

Please indicate where you apply your biosafety skills:

- | | |
|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Research Institution | <input type="checkbox"/> Prison/Correctional |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Architectural/Design |
| <input type="checkbox"/> Government | <input type="checkbox"/> Biosecurity |
| <input type="checkbox"/> Military | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Center of Excellence | |
| <input type="checkbox"/> Other _____ | |

Your Name _____ Institution _____

Telephone # _____ E-mail address: _____

Please complete and send/fax back to the ABSA Office by mail or fax (847-566-4580).

Mail to:
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Mundelein, IL 60060-3808