



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Building and Room Number: _____

Directions: Using a pen, LEGIBLY write in the information below for EACH entry into the select agent area. You may use an initial for your first name, but you must write out your last name. If the person is a visitor, indicate this by putting a “V” in the appropriate box. The visitor’s escort must be indicated by putting an “E” in the appropriate box next to his/her name. Approved individuals should leave this box blank. All visitors must receive training on biosafety and security requirements of this area and documentation must be maintained.

Once filled, a designated person authorized to verify records must sign off that the record is complete.

[illegible]

A copy of this form must be maintained in a secure location and presented for validation upon request.

Record Verification:

Date: (mm/dd/yy)	Designated Individual (Signature)

This is to certify that the record has been filled as of _____ (mm/dd/yy).

Signature _____