

Date (dd/mm/yy) : <u>March 30, 2016</u>

To: Safety Manager, SPring-8

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

Name of Experiment		Functional analysis of ○○○○○ regarding its △△△△		
	Affiliation and	SPring-8		
Principal	department	Department of DDD		
investigator	Position	Research staff		
	Name	Taro Koukido Seal		
Name of experiment worker				
Place of experiment				
Biosafety Level		■ 1 □ 2		
Experiment progress or completed		□ progress ■ completed		
Specific biological samples used for the				
experiment				
Period when experiment was conducted		Between January 30, 2015, and February 25, 2016		
Frequency		□ Almost every day ■ About 3 times per week □ About times per month		
		□ times per year □ Did not use		
Storage of biological samples (Provide details if biological samples are stored at SPring-8.)		🗆 Yes 📕 No		
		(If "Yes" was selected above)		
		Storage location:		
		Party responsible for storage:		
	Safety cabinet			
Restoration	(Provide details if a safety	Worker checked for normal conditions of cabinet ( $\square$ each time or $\square$ regularly).		
	cabinet is used.)			
conditions	Other facilities1)	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 experiment2)		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) Describe the facility inspections that were performed at the conclusion of your biological experiment.

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

Received	Checked by the Safety	
Received	Office	