

**SAN DIEGO STATE UNIVERSITY
ENVIRONMENTAL HEALTH AND SAFETY DEPARTMENT
BLOOD AND BONE MARROW DRIVE PERMIT APPLICATION FORM**

This permit application must be completed and submitted to Environmental Health and Safety (Hardy Tower 57, MC 1243, FAX x41858) including any additional requested information at least two weeks prior to the event. Once approved, a permit will be issued. Changes cannot be made without approval by an EHS Officer.

Department/Organization Name: _____ Event Coordinator: _____ Phone #: _____

Company: _____ Phone #: _____

Event Name: _____ Event Date(s): _____ Event Approval System (EAS) #: _____

Type of Collection: Blood Buccal Swap Other : _____

Event Time: _____ End of Event Time: _____

Location: _____

Include the following documents :

Name of Person Collecting Sample	Certification

Safe and Sanitary Procedures: Containment and disposal of biohazard wastes and/or sharps waste i.e. red biohazard bag, sharp waste container:

This is to certify that the information provided is true and correct. Trained professionals will be present at the event and will comply with the Center for Disease Control and Prevention (CDC) requirements enforced by the Environmental Health and Safety Department. I understand that non-compliance with the requirements can result in immediate closure, loss of future privileges and disciplinary action.

Event Coordinator Signature: _____ Date: _____

Permit Issued: Yes Incomplete Submission Not Required

EHS Signature: _____ Date: _____