

**SELECT BIOLOGICAL AGENT AND TOXIN ENTRY AND EXIT LOG
(SBA 4)**

All recorded information must be in legible form. This record must be kept for at least three years.

ABU Name: _____ **Building:** _____ **Room #:** _____

DATE	LAST NAME	FIRST NAME	TIME IN	TIME OUT	TYPE OF WORK (please check mark as applicable)						
					worker	visitor	housekeeper	maintenance	EHS	*Others	

* please specify