EMORY UNIVERSITY
Environmental Health and Safety Office
Research Administration

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BSL-3 / ABSL-3 FACILITY ENTRY / EXIT LOG

FACILITY #: _____				
Name	**Date**	**Time In**	**Time Out**	**Access Designation (Name of Escort if Applicable)**

FACILITY #: _____				
Name	**Date**	**Time In**	**Time Out**	**Access Designation (Name of Escort if Applicable)**