

# American Biological Safety Association

1200 Allanson Rd.  
Mundelein, IL 60060  
Telephone: 847-949-1517  
Fax: 847-566-4580

File No. \_\_\_\_\_

## PROFESSIONAL REFERENCE QUESTIONNAIRE

Dear M \_\_\_\_\_ (name of reference)

\_\_\_\_\_ has applied to the Association for registration as a "Registered Biological Safety Professional" and has forwarded this questionnaire to you for completion as a professional reference. Since registration will depend, to a considerable degree, upon the reference evaluation, please give each question careful consideration. A prompt reply will be appreciated by the applicant and the Association. Please note that the Association cannot guarantee that your professional reference will be held confidential, although we will make every reasonable effort to do so.

Sincerely,

American Biological Safety Association

1. I have personal knowledge upon which to evaluate the applicant's professional biological safety capabilities from (Mo/Yr)_____ to (Mo/Yr)_____:					
2. What has been the nature of your association?					
3. Are you related to the applicant? (If yes, please explain)					
4.	I would judge the applicant as follows:	Good	Adequate	Poor	Do Not Know
	Capacity to accept responsibility				
	Quality of work				
	Application of technical knowledge				
	Professional attitude				
	Judgement				
	Ability to work with others				
5. Do you consider this applicant a biological safety professional? Yes____ No____ Do not know____					

6. Describe the applicant's position, responsibilities, how decisions are (were) used and whom they affected during the period you observed the applicant's safety work.
7. What do you consider the applicant's greatest single contribution in the position described above?
8. What work activities, other than biological safety, does (did) the applicant have assigned to his/her job?
9. What percent of time does (did) the applicant spend on professional biological safety work?
10. What limitations does (did) the applicant have which might affect his/her ability to perform at a reasonable professional level?
11. What specific or special accomplishments has the applicant made in the biological safety field?
12. Additional remarks or amplifying information (use a separate sheet if necessary)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Division: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_

Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_