Prior to purchasing, importing or working with biohazardous agents all projects must be approved by the University of Waterloo Biosafety Sub-Committee, including any changes to location, significant changes in research activity or working with new agents.

Safety Office Use Only

Permit:

Containment Level:

Date:

Application Type:

New  Renewal  Amendment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1:** Principal Investigator  Name: Enter Name.  Department: Enter Department.  E-mail Address: Enter email. UW Ext. Enter extension.  Laboratory location – Building: Enter building. RM. Enter room #.  Emergency Contact Name: Enter emergency contact name.  After Hours Phone Number: Enter phone #. | | | | | | |
| **Section 2:** Principal Lab Contact (Check this box if same as Section 1)  Name: Enter Name.  Department: Enter Department.  E-mail Address: Enter email. UW Ext. Enter extension.  Laboratory location – Building: Enter building. RM. Enter room #.  Emergency Contact Name: Enter emergency contact name.  After Hours Phone Number: Enter phone #. | | | | | | |
| **Section 3: Standard Operating Procedures (SOP)**  Please attach SOPs for   * Emergency Procedures * Use of Lab Equipment | | | | | | |
| **Section 4: Project Description**  Name of Biohazardous Agent:  Project State Date: Enter Start Date. Project End Date: Enter End Date.  Using laymen’s language and avoiding jargon, describe the project outlining the steps, processes, and equipment used. Any exposure risks should be identified in the Local Risk Assessment.  Click here to enter text.  Describe how you will keep an inventory of your biohazardous materials.  Click here to enter text.  *\*Note: You are responsible for notifying the BSO immediately if any of the following occur:*   1. Biohazardous material becomes lost or misplaced 2. Biohazardous material is inadvertently created for which there is no license 3. Biohazardous material is inadvertently obtained for which there is no license   *You must also notify the BSO prior to:*   1. Exporting or importing a regulated biohazardous material 2. Transferring a regulated biohazardous material to another researcher | | | | | | |
| **Section 5: Bio-hazardous Material and Risk Classification**  Name of Biohazardous Agent**:** Enter Name of Biohazardous Agent.  Bacteria  Virus  Fungi  Protozoa  Other Enter here.  Viral Vectors  Recombinant DNA  Listed Toxin  Bio-hazardous material handled in large volumes (>10L)  PSDS for micro-organisms available from PHAC  Human Cell Cultures  Human Cells/Tissue  Human Blood / Body Fluids  Animal Cell Cultures  Animal Cells/Tissue  Animal Blood/Body Fluids  **Ethics Review of Research Involving Human Tissue and Bodily Fluids complete.**  Yes  No  N/A  **Pathogen Risk Assessment Complete: Local Risk Assessment Complete:**  Yes  No  N/A  Yes  No  ***\*NOTE: Your permit application will not be processed until both the Pathogen Risk Assessment and Local Risk Assessment have been completed:*** | | | | | | |
| **Section 6: Biosafety cabinet(s)** | | | | | | |
| **Make/Model** | | **Serial Number** | | **Class & Type** | **Location** | **Certification date** |
| Click to enter | | Click to enter | | Select. | Click to enter | Click to enter |
| Click to enter | | Click to enter | | Select. | Click to enter | Click to enter |
| Click to enter | | Click to enter | | Select. | Click to enter | Click to enter |
| Make/Model. | | Serial Number. | | Select. | Click to enter | Click to enter |
| Make/Model. | | Serial Number. | | Select. | Click to enter | Click to enter |
| **Section 6: Project locations (including storage and shared equipment rooms, etc.)** | | | | | | |
| Building | Room | | Room Use | | | |
| Click to enter | Click to enter | | Click to enter | | | |
| Click to enter | Click to enter | | Click to enter | | | |
| Click to enter | Click to enter | | Click to enter | | | |
| Click to enter | Click to enter | | Click to enter | | | |
| **Section 7: Signing Authority**  As the Principal Investigator on this project, I declare that I am familiar with the contents of the University of Waterloo Biosafety Program, and that the above describes my research with regards to the use of hazardous biological agents and materials, in its entirety. As the legally responsible individual I will ensure that all research/and or teaching conducted under my direction in the above laboratories and by the personnel listed, conforms to the standards set out in the Biosafety program at the University of  Waterloo. Any major deviation from the project, as originally approved, will be submitted to the Biosafety Sub-Committee via the Biosafety Officer for approval prior to its implementation.  **Principal Investigator’s Signature:**  **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Section 8: Biosafety Committee Approval**  Approved:  Yes  No Date: Date.  Biosafety Committee Comments:  Click to enter    BSO Signature:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |