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|  | **REQUEST TO AMEND BIOSAFETY PERMIT** |

This form must be completed when requesting an amendment to an existing Biosafety Permit. Specifically when there is any proposed change to:

* location or addition of rooms
* addition of new agents not listed on the current permit
* change in containment level
* changes in personnel
* any change which potentially conflicts with the conditions listed on the Biosafety Permit
* cessation of work with an agent/disposal of an agent
* offsite changes

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| **BIOSAFETY PERMIT HOLDER INFORMATION** |
| **Name of Biosafety Permit Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Biosafety Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Biohazard Containment Level: \_\_\_\_\_\_**  **Location-Onsite and Offsite (Building and Room Number):** |

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| **NATURE OF CHANGE REQUESTED** |
| **Change in Location (Building and Room Number):**  **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Addition of a Room (Building and Room Number: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Addition of new Agent(s) (Complete Section on Material Information)**  **Change in Containment Level: From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Provide details - Complete Section on Reason for Change)**  **Changes in Personnel (Complete Section on Personnel Changes):**  **Cessation of work/disposal of an agent (Complete Section on Reason for Change):**  **Other (Specify, and Complete Section on Reason for Change):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **MATERIAL INFORMATION** |
| **Biological Agent(s )Common Name(s):** (Include any agents that have a high probability of existence in patient and/or environmental samples collected)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Scientific Name(s)/Species:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Risk Group(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is/are the agent(s) listed in one of the Schedules to** [**Appendix 4 of the Ontario Tech Biosafety Manual**](https://shared.ontariotechu.ca/shared/department/healthandsafety/documents/biosafety-manual-r5.pdf)**? (This includes any patient and/or environmental samples collected)**  **Yes  No If Yes, which Schedule(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ATCC Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Type of Material(s):**  **Bacterium  Virus  Fungus  Toxin  Parasite**  **Human tissues or cells  Animal Tissues or Cells  Recombinant DNA/RNA**  **Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Form of Material(s): (live culture in media/plate, frozen culture, describe type of animal, describe type of patient, describe type of environmental sample, etc.)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Amount of Material(s):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **REASON FOR CHANGE - DESCRIPTION OF NEW PROJECT(S)** |
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| **Standard Operating Procedures** |
| **Please attach applicable SOPs separately to application:**  Sample Collection & Acquisition SOP  Safe Transport SOP  Safe Handling, Use, & Storage SOP (Can also include in Experiment SOPs)  Experiment SOPs  Disinfection and Disposal SOP (Can also include in Experiment SOPs)  Any other relevant SOPs |

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| **PERSONNEL CHANGES** | | | | |
| **Names to be Deleted:** | | | | |
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| **Names of Authorized Personnel working on the project, including New Authorized Personnel to be Added** | **Position/Role** | **WHMIS Training Passed**  **(Y/N)** | **Biosafety Training Passed**  **(Y/N)** | **Annual Emergency Procedures Training Passed**  **(Y/N)** |
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| **PERMIT HOLDER ACKNOWLEDGEMENT** |
| **In signing this, I agree that the information provided in this form is complete and accurate, and that I will adhere to all Ontario Tech policies and procedures outlined in the Ontario Tech Biosafety Manual with respect to the acquisition, use, storage and handling of materials/agents.**  **Permit Holder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **BIOSAFETY OFFICER ONLY** |
| **Major Amendment: Full Biosafety Committee Review & Approval Required**  **Minor Amendment: Biosafety Officer & Committee Chair Review & Approval Required** |