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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**  |