



## 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

If you require an accessible, alternative format of this document, please contact [research@ontariotechu.ca](mailto:research@ontariotechu.ca).

### Biosafety Permit Holder Information

Name of Biosafety Permit Holder:

Biosafety Permit Number:

Biohazard Containment Level:

Location-Onsite and Offsite (Building and Room Number):

### 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](#)? (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):

Reason for Change – Description of New Project(s):

## 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

## Personnel Changes

Names to be deleted:

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)

## Permit Holder Acknowledgment

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:

## Biosafety Officer Only

- Major Amendment: Full Biosafety Committee Review & Approval Required
- Minor Amendment: Biosafety Officer & Committee Chair Review & Approval Required