

## **BIOHAZARD PERMIT APPLICATION**



Concordia University Biohazards Permits are required for all research and teaching activities requiring Containment Level 1 and Containment Level 2. Please attach the Standard Operation Procedures (SOPs) and/or any other safety protocols that lab workers will follow when handling the biological materials specified in this application. Applications cannot be processed without these written procedures.

### **Section 1: General Information**

<b>Principal Investigator</b>		
<b>e-Mail</b>		
<b>Telephone</b>		
<b>Department</b>		
<b>Date of Application</b>		
<b>Application Type*</b>	<input type="checkbox"/> New	
	<input type="checkbox"/> Renewal	Permit Number
	<input type="checkbox"/> Amendment	Permit Number

*\*For New applications, all information is required. For Renewals and Amendments, provide only changes in the information from the original application.*

### **Contact Person, if other than the Principal Investigator**

<b>Contact Person</b>	
<b>Department</b>	
<b>Email</b>	
<b>Office Phone</b>	

**List projects (titles) associated with this permit application.**

### **Laboratory location(s):**

<b>Building</b>	<b>Room Number</b>	<b>Is it a shared room?</b> <i>Who is the room responsible? Did you get formal approval from the responsible?</i>	<b>Containment Level</b>	
			<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 1	<input type="checkbox"/> 2

## **Section 2: Biological Agents**

- **Attach your materials inventory and return with your application.**
- **Indicate the Risk Group to which the biological agent/material is assigned.**

For Risk Group information, consult the Public Health Agency of Canada's Pathogen Safety Data Sheets at <http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php> or the [e-pathogen RG database](#).

### **Blood/Body Fluids/Tissues**

☐ Not Applicable

<b>What type of blood?</b>	<input type="checkbox"/> Human	<input type="checkbox"/> Animal	<input type="checkbox"/> N/A
<b>What type of tissues?</b>	<input type="checkbox"/> Human	<input type="checkbox"/> Animal	<input type="checkbox"/> N/A
<b>What type of body fluids?</b>			
<b>Tissue characteristics</b>			
<b>How is it acquired?</b>			
<b>Where is it stored? (location)</b>			

### **Bacteria**

☐ Not Applicable

<b>Strain Name</b>	<b>Source</b>

### **Viruses (excluding Lentiviruses)**

☐ Not Applicable

<b>Strain Name</b>	<b>Source</b>

### **Use of Lentiviruses**

☐ Not Applicable

<b>Gen.</b>	<b>Plasmids</b>	<b>Source</b>	<b>Room # for handling</b>	<b>Host cell and target</b>

### **Fungi/Yeast/Mould**

☐ Not Applicable

<b>Strain Name</b>	<b>Source</b>

### **Algae**

☐ Not Applicable

<b>Strain Name</b>	<b>Source</b>

### **Parasites**

☐ Not Applicable

<b>Strain Name</b>	<b>Source</b>	<b>Host Range</b>

**Cell Lines** ☐ Not Applicable

Cell Line Name	Primary	Continuous	Source
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Recombinant DNA** ☐ Not Applicable

Recombinant Agent	Source	Host Range

**Use of CRISPR / Cas9 technique** ☐ Not Applicable

Gain (G) / loss (L) of function	Organism	Gene / function affected

**Others (e.g. toxins, plant pathogens)** ☐ Not Applicable

Type	Organism

**Section 3: Animals** ☐ Not Applicable

Type of animal(s) used			
Will pathogens be introduced into the animal?			
Materials tested on animals?	<input type="checkbox"/> Chemical	<input type="checkbox"/> Biohazardous	<input type="checkbox"/> Radioactive
Specify which one(s)			

**Section 4: Importation/Exportation** ☐ Not Applicable

Will the agent/material be imported?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, specify the country of origin		
Will the agent/material be exported?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, specify destination country		
Has an import/export permit been obtained from Health Canada for Human Pathogens?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has an import/export permit been obtained from Canadian Food Inspection Agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

*Any person shipping or receiving biological material must be Transportation of Dangerous Goods (TDG) certified and must follow TDG regulations. Contact EHS at ext. 4877 for more details about TDG training.*

**Section 5: Biological Safety Cabinet** ☐ Not Applicable

Model	Class/Type	Serial Number	Location	Certification Date

**Section 6: Standard Operating Procedures**

Attach the SOP(s) associated with working with the listed agents. Please indicate the titles of the SOP(s):

**Section 7: Biohazardous Waste Disposal**

Biohazardous waste disposal is to be done according to Concordia University's waste disposal guidelines and procedures. Please provide details of your projected biohazardous waste disposal needs.

Estimated kg of solid waste per year :

Waste management :

☐ Autoclave

☐ Through EHS biowaste program

Liquid decontamination :

☐ Autoclave

☐ Chemical disinfection (please detail below):

**Section 8: Training**

The following training are a **pre-requisite** for working with biological / hazardous materials:

- [WHMIS for Laboratory Personnel](#) previously composed of 2 training (WHMIS + WHMIS2015), it has been updated and is now only "WHMIS for Lab personnel". We've updated so PI and student would only have to go to 1 course and do 1 exam. Training validity is for 3 years.
- [Hazardous waste disposal for laboratory personnel](#) : valid for 3 years
- [Safe Storage of Hazardous Materials](#)
- [EHS Biosafety](#) or [Biosafety Refresher](#)

The following training may be required, **depending on the material / equipment** you will use for your research:

- [Safe Handling of Blood](#) (if using primary cells, biopsies and samples from humans and non-human primates, like blood, saliva, etc.)
- [Safe Use of Biological Safety Cabinet](#) (for anyone using a biosafety cabinet)
- [Safe Handling of Nanomaterials](#) (if using nanomaterials, in powder or dissolved in solution)
- [Corrosive Substances](#) (with use of sulfuric acid, TMAH, HF, etc.)
- [Transportation of Dangerous Goods Class 6.2 – Infectious substances](#) (for anyone involved with shipping, handling, transporting or receiving biological material).

The following training is recommended as emergency preparedness:

- [Hazardous Materials Minor Spill Response Training](#)

You can register for training online at [concordia.ca/campus-life/safety/training.html](http://concordia.ca/campus-life/safety/training.html)

**Section 9: Authorized Users**

Name	Status	ID Number	Will they work with...			Will they use a BSC?
			Biological material?	Blood / Body fluids	Primary cells from humans / primates	
	PRINCIPAL INVESTIGATOR					
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

*If more space is needed, please provide a complete list in a separate sheet.*

**Section 10: Signature**

*The applicant acknowledges having read Concordia University's Biosafety Policy (VPS-52), and warrants that the research and/or teaching activities using the above biological materials or agents will be carried out under his/her supervision in accordance with the requirements of the Canadian Biosafety Standards and Guidelines, Concordia University's Biosafety Manual, and attached laboratory Standard Operating Procedures*

_____ Applicant's Name	_____ Signature	_____ Date
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**Comments / Additional relevant info:**