



<b>RISK GROUP 1</b>	<b>FORM BSC-11</b>
---------------------	--------------------

**Biohazard Registration**  
Risk Group 1

University of Guelph  
BIOSAFETY COMMITTEE

**PROJECT TITLE:**

**1. PERSONNEL - RESPONSIBLE PARTIES:**

Principal Investigator (PI)	Department	Phone	E-mail
Designate in absence of Principal Investigator	Department	Phone	E-mail
Emergency Contact(s)	Department	Work/after-hours phone	E-mail

**INVESTIGATIVE STAFF:**

List the names, positions, and the biosafety background of persons who will handle the materials including post-doctoral fellows, technicians, and students.

Name	Position	Degree	Qualifications/ Experience

**2. RESEARCH PROJECT/ COURSE SUMMARY:**

**2.1 Funding Source(s): Include current grant titles supporting the work.**

**This project involves the use of animals.  No  Yes AUP #**

**This project involves radioisotopes.  No  Yes Permit #**

**This project involves human subjects' approval.  No  Yes Approval #**

**3. RISK GROUP 1 AGENTS OR MATERIALS SUMMARY:**

**3.1. Biological Agents.**

Type includes: bacteria, fungi, protozoa, algae, viruses, mycoplasma, rickettsia, chlamydia, internal parasites, prions, cell lines, recombinant nucleic acids. Attach Safety Data sheets/ info/reference material.

#	Microorganisms (include genus and species/strain)	Type	Host range

#### 4. LOCATION OF PROJECT.

Under "room type" please indicate whether it is a laboratory, growth room, greenhouse, animal facility, storage, etc.

##### 4.1 Campus sites.

Building	Room Number	Room type

##### 4.2 Off-campus sites.

Description of site	Type of Facility	Owner

#### 5. EMERGENCY SHOWER AND EYEWASH FACILITIES.

Emergency shower and eyewash facilities, in accordance to function are required by the Canadian Biosafety handbook. Indicate the location of the shower and eyewash facilities. See EHS Policy: <http://www.uoguelph.ca/ehs/policies/03-04.pdf>

Equipment	ANSI Z358.1-2004 Compliant	Room number(s)	Flushed	Date of Last Inspection	Person Responsible
Emergency eyewash	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Weekly</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency shower	<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Biannually</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 6. WASTE MANAGEMENT PROTOCOLS.

For each type of material, specify means of disposal and/or decontamination.

Type of waste	Regular garbage	Chemical	Autoclave	3 <sup>rd</sup> party (vendor)	Other, specify
Solid waste					
Gloves					
Liquid waste					
Sharps (e.g. needles, syringes, glass slides, broken glass/plastic)					
Reusable items (e.g. lab ware, glassware)					
Reusable PPE (e.g. lab coats)					

## 7. IMPORT/TRANSFER

All biohazards, including risk group 1 materials imported/exported, from or to the University of Guelph are tracked, documented and approved by the Biosafety Officer. **Exception: RG1 materials externally/internally transferred within Canada or purchased through Canadian vendor.** Refer to [Quick reference guide](#) for more information and/or check with the Biosafety Officer for required documentation.

## 8. MEDICAL SURVEILLANCE.

Refer to [OHW medical surveillance](#)

*Agreement on Biosafety* for each investigative staff member is attached with this application

## 9. PRINCIPAL INVESTIGATOR'S CERTIFICATION.

I certify that the information provided in this protocol application form is accurate and that any protocol changes will be submitted to the Biosafety Committee for approval prior to initiation. I certify that I have read and will comply with the University of Guelph's Biosafety Policy. I certify that I agree to conduct the work in accordance with the University of Guelph's Biosafety program, best microbiological practices and any other applicable legislation or requirement, including conditions of the Biohazard Permit.

I accept responsibility for training of all laboratory, animal care, and support personnel involved in this project and personnel sharing space and/or equipment on potential biohazards, relevant biosafety practices, techniques, emergency procedures, and incident reporting.

I will submit a written report to the Biosafety Committee concerning any project-related incident, exposure, or release of recombinant DNA to the environment; any problems associated with biological and physical containment procedures, or violations of the *Canadian Biosafety Handbook*, *Containment Standards for Aquatic Animal Pathogens*, and *Containment Standards for Plant Pests*, and the *NIH Guidelines for Research Involving Recombinant DNA Molecules*, as applicable..

I agree that I will not transfer biohazardous materials to another party without a Material Transfer Agreement approved by the Catalyst Centre, Office of Research as appropriate.

I agree to comply with all conditions in the permit and that no work will be initiated prior to approval by the Biosafety Committee. I accept responsibility for the safe conduct of the work and I will inform all personnel who may be at risk of exposure to the biohazardous materials of potential hazards associated with the work.

---

***Signature, Principal Investigator***

---

***Date***

---

***Signature, Chair / Head / Director***

---

***Date***