



RISK GROUP 1 and 2 STORAGE ONLY	FORM BSC-13
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Biohazard Registration

University of Guelph
BIOSAFETY COMMITTEE

PROJECT TITLE & NUMBER:

Starting Date:

Completion Date:

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

2. BIOHAZARD / INFECTIOUS MATERIAL

Biohazard/infectious material includes human and/or animal pathogens (e.g. bacteria, viruses, fungi, parasites, nucleic acid and proteins), microbial toxin, viral vectors, prions, recombinant DNA, synthetic biology products, genetically modified microorganisms, cell lines, human body fluids and tissues.

Name of the Biohazard	Risk Group	Approximate number of isolates/samples

3. STORAGE LOCATIONS

Indicate the building number or name, room number, the location within the room (e.g., -80C freezer, refrigerator), if the storage location is shared (room and/or freezer), and how the material is protected against theft or authorized use.

Building/Room	Location within room	Shared (yes/no)	Security measures

Note: A full Biohazard Permit is required prior to handling, moving, transferring or acquiring pathogens to be covered under this Permit.

4. EQUIPMENT FAILURE

I have contingency plans in place for equipment failure.

5. PRINCIPAL INVESTIGATOR'S CERTIFICATION.

I certify that the information provided in this protocol submission form is accurate and that any protocol changes will be submitted to the Biosafety Officer for approval prior to initiation.

I certify that I have read, become familiar with, and agree to abide by current, applicable guidelines and regulations including but not limited to the Public Health Agency of Canada and Canadian Food Inspection Agency's harmonized Canadian Biosafety Standards 2nd edition, 2015, the Ontario Occupational Health and Safety Act and applicable Regulations, the NIH Guidelines for Research Involving Recombinant DNA Molecules, the Biosafety Program, and the University Safety Policies.

I agree to accept responsibility for training of all laboratory, 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 Standards 2nd edition, 2015, or NIH Guidelines.

I agree that I will not transfer biological materials to another party without approval of the Biosafety Officer and a Material Transfer Agreement approved by the Office of Research.

I agree to comply with all conditions in the permit and that no work will be initiated prior to project approval by the Biosafety Committee

Signature, Principal Investigator

Date

Signature, Chair / Head / Director

Date

Signature, Shared Space Principal Investigator

Date