



IMPROVE LIFE.

| | |
|-----------------------|-------------------|
| CHANGE REQUEST | FORM BSC-8 |
|-----------------------|-------------------|

Biohazard Permit

BIOSAFETY COMMITTEE

Principal Investigator:

Department:

Internal Biohazard Permit Number:

TITLE OF THE PERMIT:

1. REQUESTED CHANGES:

- Add / delete **biohazardous material** (attach appropriate supplemental forms, PSDS, SOPs (if applicable) and complete section 2.0 & 3.0 accordingly)
- Add / delete **recombinant DNA** molecules (attach BSC-6)
- Add / delete **animal procedures** (attach BSC-7)
- Update **AUP** number on Biohazard permit. Current AUP Number:
- Add / delete **human subject procedures** Attach
- Add / delete laboratory rooms and/or work areas

| Building Name | Room Number | Room Type | Shared Space |
|-----------------|-------------|-----------|-----------------|
| Choose an item. | | | Choose an item. |
| Choose an item. | | | Choose an item. |
| Choose an item. | | | Choose an item. |



Add personnel (complete the table below & attach AOBs for each investigative staff)
 To allow the University to maintain a list of persons authorized to access containment facilities as per [HPTA \(31\)](#) please provide the information below. *Submission of training certificates is not required.* Evidence of training completion may be verified during lab inspections.

| Name | Position | Qualification /Experience | Completion Date of Training (YY-MM-DD) | | | |
|------|-----------------|---------------------------|--|-------|------------|----------------------|
| | | | Biosafety | WHMIS | Lab Safety | H & Safety Awareness |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |
| | Choose an item. | | | | | |

Delete personnel

| Name | Access to biohazards removed e.g. key returned or card access removed. If not, please state reason e.g. same space, another PI |
|------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |



- Amend **scope of work or procedure** involving biohazardous materials (attach SOP/manual or work procedures to support your request)
- Amend **emergency contacts** and phone numbers (Include/provide updated Emergency contact form)
- Extend Expiry Date** Note: Biohazard permits are issued for 2 years and renewal via change request is allowed *once* only. If requesting renewal of biohazard permit, kindly select the appropriate checkboxes below to reflect the appropriate review and renewal.

i) SOP

- I have reviewed Standard Operating Procedures/ /manual and/or work procedures (including Biological Spill plan), required PPE and barrier protection.
- Revised, attached No changes, not attached

ii) Training

- I have reviewed my training needs assessment and coordinated annual emergency response trainings or other refreshers as specified by EHS for all investigative staff
- Additional training required No additional training

If additional training required, specify: _____

iii) Inventory

- I have updated my inventory of biohazardous materials. Attach
- No changes, not attached

2.0 DETAILS OF AMENDMENTS (List biohazards that needs to be added/deleted and/or any change request not captured above)



3.0 EXPERIMENTAL PROCEDURES

Complete **Appendix – 1** if only adding new biohazards with different or new handling procedures and these procedures were not included during full permit application.

Applicable

Not applicable

4.0 REFERENCES

If adding pathogens, attach references that may support this application especially, if PSDS cannot be provided.

5.0 CERTIFICATION

I certify that the information provided in this amendment submission form is accurate and that no changes will be initiated without approval of the Biosafety Committee.

Signature, Principal Investigator

Date

Signature, Chair / Head / Director

Date

Signature, Shared Space Principal Investigator
(if applicable)

Date

Signature, Shared Space Principal Investigator
(if applicable)

Date

Signature, Shared Space Principal Investigator
(if applicable)

Date

Signature, Manager, Campus Animal Facilities
(if applicable)

Date