McGill University Annual Review for Biohazards Permit Holders

Permit # | Containment Level | Expiry date:

1. Contact Information:

Principal Investigator: | Phone work: | Phone home:

Department: | E-mail

Mailing address:

2. Modification - Changes to personnel and funding do not require an amendment to the original application

Annual review

Add personnel - no change to methods

Modification of materials or methods - complete amendment to the "Application to Use Biohazardous Materials"

3. Declarations and approvals

As **Principal Investigator** I declare that I have reviewed Application # _____ and the information provided describes all current projects in my laboratory.

_____ _____ _____

Name of Principal Investigator | Signature | Date

CL3 Approval - if applicable ◯ Approved ◯ Denied ◯ N/A

_____ _____ _____

Name of CL3 Facility Co-ordinator(CL3 Only) | Signature | Date

EHS Approval ◯ Approved ◯ Denied

_____ _____ _____

Name of EHS Officer | Signature | Date

1. Laboratory personnel

Add pages as needed

Personnel to add to permit

Surname, Name	McGill ID	Job title/classification	Personnel have completed training in		
			☐ Biosafety	☐ BSC	☐ ERP
			☐ Biosafety	☐ BSC	☐ ERP
			☐ Biosafety	☐ BSC	☐ ERP
			☐ Biosafety	☐ BSC	☐ ERP
			☐ Biosafety	☐ BSC	☐ ERP
			☐ Biosafety	☐ BSC	☐ ERP

Biosafety = Introduction to Biosafety & BSC = Safe Use of Biological Safety Cabinets courses completed within the past 3 years, ERP = Personnel have read an understood the McGill University Emergency Response Plan

Personnel to remove from application

Surname, Name	McGill ID	Job title/classification	Reason for removal

2. Locations: Indicate where biohazardous materials will be handled or stored

Building	Room	Details (ie. tissue culture, main lab, storage etc.)	CL	Add/ Remove

3. Biological Safety Cabinets

Building	Room	Class/type	Model #	Serial #	Certification Date	Add/ Remove