McGill University
Application to Use Biohazardous Materials

EHS Office Use Only

Permit #:

Containment level:

Expiry Date:

Projects involving potentially biohazardous materials must not be initiated without the approval of McGill University Environmental Health and Safety (EHS) in accordance with all relevant legislation (see the McGill Biosafety Manual for more information. Submit applications before starting new projects or modifying approved projects. The application must be reviewed annually and a new application must be submitted after 5 years. THE APPROVAL OF THE APPLICATION IS LIMITED TO THE INFORMATION DISCLOSED HEREIN.

1. Contact Information: These people are designated to be called in an emergency

Principal Investigator: | Phone work: | Phone home:

Department: | E-mail

Mailing address:

Laboratory Contact: | Phone work: | Phone home:

Department: | E-mail

2. Program Intent: Please provide a brief description of the goals of your laboratory work (50 words or less)

3. Permit Type

- ◯ New
- ◯ Renewal - Permit #: _____
- ◯ Amendment - Permit #: _____ (complete relevant sections)

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4. Containment level (CL) ◯ CL1 ◯ CL2 ◯ CL2+ ◯ CL3

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5. Declarations and approvals

As the **Principal Investigator** I declare that I am familiar with the contents of the McGill University Biosafety Manual and that the information provided in this application is an accurate description of my research programme. In submitting this application I agree to abide by all McGill policies as they relate to the use of biohazardous materials as well as the meeting the requirements of all pertinent regulating agencies.

Name of Principal Investigator	Signature	Date

For CL3 Projects only

As the **CL3 Facility Co-ordinator** I am aware of the proposed activity and I approve the work to be done in the CL3 Facility.

CL3 approval - if applicable ◯ Approved ◯ Denied ◉ Not applicable

Name of CL3 Facility Co-ordinator	Signature	Date

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Select one: ◯ Approve ◯ Conditionally approved ◯ Review and re-submit

Name of EHS Officer	Signature	Date

Conditions and/or Comments:

6. Laboratory personnel - If additional space is required complete Appendix I

Surname, Name	McGill ID	Job title/classification	Personnel have received training in: Introduction to Biosafety	Safe Use of BSCs	Emergency Response Plan
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Biosafety = Introduction to Biosafety & BSC = Safe Use of Biological Safety Cabinets completed within the past 3 years, ERP = Personnel have read an understood the McGill University Emergency Response Plan

7. Locations: Indicate where biohazardous materials will be handled or stored (all fields required)

Building	Room #	Details (ie. tissue culture, main lab, storage etc)	CL

8. Biological Agents:

Check all that apply - Whether or not they are use in this project

- ☐ Human or animal tissues and cells
- ☐ Human or animal blood or bodily fluids
- ☐ Bacteria
- ☐ Virus
- ☐ Fungi
- ☐ Parasites
- ☐ Toxins
- ☐ Recombinant DNA constructs
- ☐ Other

Specify the biological agents and materials that are presently being used in the project. *Include and factors which may increase the risks of the project. If additional space is required use Appendix II.

Scientific name	Room(s) (**U**sed or **S**tored)	Risk group	Volume	*Risk factors

For biological agents in risk group 2 or 3 that are VIABLE HUMAN PATHOGENS, complete Appendix III. For risk group 2 and 3 biological agents complete Appendix IV. If you are using viral vectors complete Appendix VI. For biological agents stored within your group but not used in a project please complete Appendix V.

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9. Biological Safety Cabinets

Building	Room	Class/type	Model #	Serial #	Certification Date

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10. Combined hazards

Animal

- ◯ No animals will be used
- ◯ Non-human primates
- ◯ Non-primate mammals
- ◯ Other

Approval (not required if no animals will be used)

- ◯ Pending
- ◯ Animal Use protocol#

Radiation

- ◯ No radiation used
- ◯ Radioisotope
- ◯ Irradiator
- ◯ X-ray
- ◯ Laser

Approval (not required if no radiation used)

- ◯ Pending
- ◯ Permit# ☐

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11. Biohazardous waste

Indicate which of the following method will be used:

- ☐ Hazardous Waste Management waste pick-up
- ☐ Hazardous Waste Management cytotoxic waste
- ☐ Chemical disinfection. Specify disinfectant, concentration and contact time:

  ☐
- ☐ Autoclave, provide a copy of the record of efficacy testing
- ☐ Other: ☐

Will this project produce combined biohazardous waste - e.g. radioactive biohazards, infected animal carcasses contaminated with toxic chemicals?

◯ Yes ◯ No

If yes, explain how disposal will be handled:

☐

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12. Appendices required

Check all that apply

- ☐ Laboratory personnel - Appendix I
- ☐ Biological agents used - Appendix II
- ☐ Risk Assessment - Appendix III
- ☐ Procedures with pathogens -Appendix IV
- ☐ Biological agents stored - Appendix V
- ☐ Viral vector risk assessment - Appendix VI

Appendix I - Laboratory personnel

Attach additional pages as required

Name	McGill ID	Job title/classification	Introduction to Biosafety	Safe Use of BSCs	Emergency Response Plan
			Personnel have received training in:		
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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

Appendix II - Biological agents used

Please specify the biological agents and materials that are presently being used in the project. *Include any factors which increase the risks of the project. Attach additional pages as required.

Scientific name	Room(s) (**U**sed or **S**tored)	Risk group	Volume	Risk factors*

For biological agents in risk group 2 or 3 that are VIABLE HUMAN PATHOGENS, complete Appendix III. For risk group 2 and 3 biological agents complete Appendix IV. If you are using viral vectors complete Appendix VI. For biological agents stored within your group but not used in a project please complete Appendix V.

Appendix III - Risk assessment

	Infectious agent 1	Infectious agent 2	Infectious agent 3	Infectious agent 4	Infectious agent 5
Identification					
Mode of Transmission					
Incubation Period					
Period of Communicability					
Infectious Dose					
Typical presenting symptoms					
Mode of decontamination (Include method and parameters)					
Emergency Response					

Suggested references:
PHAC PSDS
CFIA Reportable animal diseases

Appendix IV - Procedures with pathogens

Use the space provided to briefly outline all procedures which involve the use of biological agents from risk group 2 and/or 3.

Appendix V - Biological agents stored

List of biological agents and/or materials stored and <u>not</u> used in the project(s)

Scientific name	Location (building, room #)	Risk group	Quantity

Appendix VI - Viral vector risk assessment

Complete the table below for all viral vectors being used in your facility. For additional information hold curser over the section for more information.

	Vector 1	Vector 2	Vector 3	Vector 4	Vector 5
Viral vector					
Risk group					
Transgene function					
Host range					
Concentration					
Volume					
Route of exposure					
Consequences					
Additional precautions					
Mode of decontamination					