CANADORE college

Biosafety Committee

Biohazardous Materials Use Risk Assessment and Permit Application (Applied Research or Non-Academic)

To meet the requirements of the PHAC Canadian Biosafety Standard and/or the CFIA Plant Protection Act, a biohazardous material use permit must be issued and approved by the Canadore College Biosafety Committee (CCBC) prior to conducting work with biohazardous or regulated pests' material. *Permits will be applicable for periods of up to 3 years or until conditions of the permit and/or practices have changed.*

For CCBC Use Only ☐ New Permit ☐ Renewal ☐Amendment

Permit Number:		Date of Approval:	
Containment Level:		Date of Expiry:	

A: Responsible Person or PI

Name:		Department:	
Email:		Phone:	
Project:		Lab Room Number:	

B: Summary of Activities

C. Specific Agent Risk Assessment: Check All that Apply

Biological Material(s) Used

Bacteria ☐ DNA or RNA ☐ Human Cell Line/Tissue ☐ Recombinant DNA/GMO ☐

Fungi ☐ Toxin ☐ Mammalian Cell Line /Tissue ☐ Plant Tissue ☐

Virus ☐ Plasmid ☐ Non-Mammalian Cell Line ☐ Non-sterile blood ☐

Other _____ ☐

Manipulations

Pipetting ☐ Centrifugation ☐ Nucleic Acid Extraction ☐

Blending ☐ Needles/Sharps ☐ Biological Safety Cabinet Use ☐

Vacuum Pump ☐ Aerosol Generation ☐ Other _____ ☐

D. Biological Agents required: ***(refer to PHAC ePATHOGEN database available or CFIA regulated pests)***

Specific Biological Agent Used	Agent type	PHAC Human Pathogen RG	PHAC Animal Pathogen RG	Terrestrial Animal Pathogen under CFIA authority	CFIA Regulated Plant Pest
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

E. Manipulation of Organisms

Briefly describe steps taken to avoid aerosol generation when manipulating (e.g. centrifuging, pipetting etc.) RG2 microorganisms, plant pathogens, or organisms that may spread through airborne route. Refer to risk assessment regarding manipulation risks.

F. Decontamination and Waste Management Protocols

Briefly describe the methods of decontamination of reusable contaminated materials, disposable contaminated materials and waste management protocol. Reusable materials include, but are not limited to lab coats, glassware, loops, forceps, etc. Waste materials include, but are not limited to culture, liquids, solids, disposable equipment and contaminated debris.

If mixed wastes are generated, i.e. biohazardous mixed with chemical hazardous material, indicate how this waste will be handled.

G. Training (refer to Training Needs Matrix, or BSO)

The following training components are required for this course:

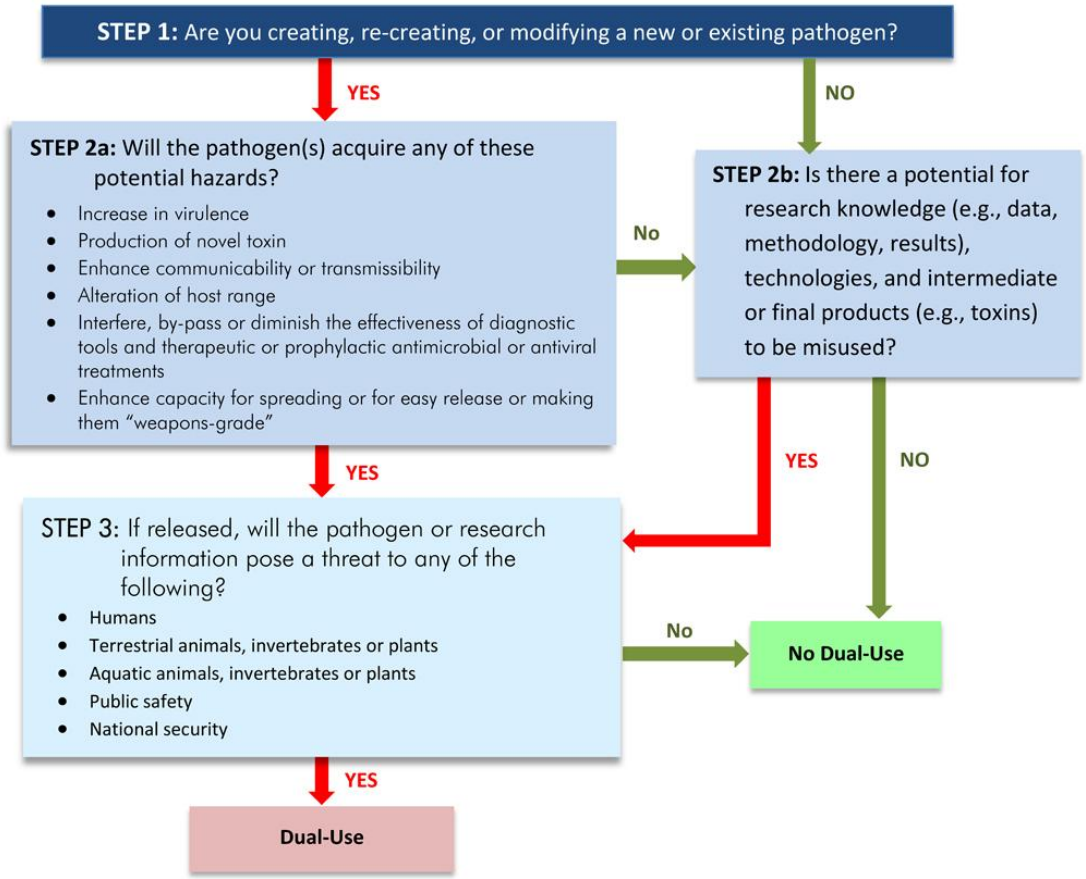
WHMIS ☐	Biosafety Awareness ☐	Blood Borne Pathogen ☐
Bwing H&S Policy ☐	Biosafety Training ☐	
Other: _____ ☐	_____ ☐	

H. Lab Personnel: Include the names of lab personnel that will be working on the project with access to the laboratory. The PI is responsible to ensure all workers have proper training. Record of training should be kept on file for 3 years following last day of working in the lab. *Refer to training matrix and BSO as necessary*

NAME	**Title/Position**	**Personnel/ Student #**	**Appointment Date**	**Training Complete?**
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

I. Dual-Use Potential Will this research encompasses knowledge, products, or technologies that could possibly have dual-Use Potential? *Refer to decision tree* **Yes ☐ / No ☐**

Decision tree to identify research with dual-use potential



J. Biosecurity

1) **Signage** – must include contact name, emergency contact number and a biohazard symbol indicating the risk level. Is the appropriate signage posted outside the laboratory? **Yes ☐ / No ☐**

2) **Access** – must only be granted to authorized personnel. Is there an appropriate controlled access program in place? **Yes ☐ / No ☐**

3) **Inventory Management** – Inventory Control includes proper labelling, tracking of internal possession, inactivation and disposal of cultures after use, and transfers within and outside the facility.
Is there an appropriate Inventory Management Practice in place? **Yes ☐ / No ☐**

K. Containment Level Proposed **CL1 ☐ CL2 ☐**

Note: There may be shared CL1/CL2 lab space where users work with RG 1 and/or RG2 materials.
All labs using RG2 materials must meet the CL2 requirements (physical and operational) as set forth in the CBS. CL1 users should be aware of potential biohazards of working in a shared space and follow all appropriate protocols. CL1 users cannot use RG2 materials without following CL2 practices and undergoing appropriate training.

June 6, 2024

L. Signing Authority

As the Responsible Person or PI assigned to oversee the above activities, I declare that I am familiar with the contents of the Canadore College Biosafety program, and that the above accurately describes conducted activities with regards to the use of hazardous biological agents and materials, in its entirety. I will ensure that all laboratory activities under my direction, in the above laboratory, conforms to the standards set out in the Biosafety Program at Canadore College. Any major deviation from associated learning activities or tasks, as originally approved, will be submitted to the Biosafety Committee via the Biosafety Officer for approval prior to its implementation.

_____

Name

_____ _____

Signature **Date**