

**INTERNAL PERMIT APPLICATION FOR BIOHAZARDOUS MATERIAL/SUBSTANCE RENEWAL**

A Risk Assessment is required with this application and will be scheduled with the BSO. Applications will be evaluated by the Laboratory Safety Committee. This is internal UNBC use only permit. Other permits through the Government of Canada may still be required. Please refer to the Application Procedures for more information.

**1. General Information**

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| *Project Title:* |
| Principle Investigator |  |  | UNBC Department/program |  |
| Position/Rank |  |  | Email |  |
| Phone/Fax |  |  | Funding Agency |  |
| Start Date |  |  | Proposed End Date |  |

Will the type of biohazardous material(s) or the location of use, be changed from that the original application and current approval? YES [ ]  NO [ ]

If NO, please complete this form and submit it to the Biosafety Officer

If YES, the completion of a new application will be required.

Will you be purchasing or obtaining more of the biohazardous material(s) then requested in the Original Application? If so please indicate the supplier and amount of each agent/strain and attach an updated PSDS. YES [ ]  NO [ ]

Material\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_

Will the personnel who will do the work differ from those previously listed? YES [ ]  NO [ ]

If YES please list below the names of all new personnel who will be doing the work, type of work and whethere they have had appropriate training?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* | *Title* | *Phone* | *Successfully completed UNBC Biosafety 2 Course? Date* | *Is Additional Training Required* |
|  |  |  |  |  |
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|  |  |  |  |  |

***Please attach a copy of your Inventory Documentation for the previous year.***

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| **Declaration: I, the undersigned, will ensure that all biohazardous materials/substances used in this project will be used for and in accordance with the guidelines of the UNBC Biosafety Manual, Biosafety Policy and the requirements of the relevant international, federal, provincial and municipal legislation. I accept responsibility for keeping the information in this application current and accurate and for notifying the Laboratory Safety Committee of any deviations from this proposal.** **Permit holder is responsible for ensuring compliance with the policies and procedures of the University of Northern British Columbia as well as with the requirements of the Public Health Canada and Canadian Food and Inspection Agency.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator Signature Date |
| Signature of Department Head indicating permission\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Print Name Date |
| **Please submit the completed application to the UNBC Biosafety Officer (BSO).** |

To be completed by the Biosafety Officer:

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| Risk Group \_\_\_\_\_\_\_\_\_\_\_\_ Date of Risk Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Review/Approved by Laboratory Safety Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Requires completion of Government of Canada CL2 Checklist? [ ] Yes [ ]  NoIf yes, Provide Compliance # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of BSO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: |