POST THIS CERTIFICATE IN THE WORK AREA

Print Form

Biosafety Office Use Only
Permit #
Containment Level:
Expiry Date:

UNIVERSITY OF TORONTO

BIOSAFETY PERMIT

To meet the requirements of The University of Toronto Biosafety Program, a Biosafety Certification Form must be approved by and filed with the EHS office prior to purchasing, importing or conducting projects involving biohazards. Any proposed changes, e.g. personnel, biohazardous agent, location, decommissioning or changes affecting the required level of containment in authorized biohazard projects, shall be submitted to the Biosafety Officer (ehs.biosafety@utoronto.ca) for approval prior to implementing the changes.

THE BIOSAFETY PERMIT COVERAGE IS LIMITED TO THE INFORMATION DISCLOSED HEREIN.

PLEASE TYPE

A - Principal Investigator | Personnel No.

Department | Rank/Position

Mailing Address

Email

Phone (Office) | Phone (Lab) | Phone (Emerg.)

B - Principal Lab Contact | Personnel No.

Department | Rank/Position

Mailing Address

Email

Phone (Office) | Phone (Lab) | Phone (Emerg.)

C - Permit Type ◯ **New** ◯ **Renewal** ◯ **Amendment**

D - Proposed Level of Containment ◯ **Level 1** ◯ **Level 2** ◯ **Level 3**

E - Project Title(s) and Funding Sponsor/Granting Agency Name(s)

Project Title _____

Funding Agency _____ Fund/Grant # _____ Dates Held _____

Project Title _____

Funding Agency _____ Fund/Grant # _____ Dates Held _____

Project Title _____

Funding Agency _____ Fund/Grant # _____ Dates Held _____

Project Title _____

Funding Agency _____ Fund/Grant # _____ Dates Held _____

Project Title _____

Funding Agency _____ Fund/Grant # _____ Dates Held _____

*** If space is insufficient, please use Appendix I***

F - Project Locations (including rooms used for storage only, shared equipment rooms, etc.)

Building	**Room No.**	**Room Use** (*e.g.* tissue culture, cold room)	**Containment Level (1 - 3)**

*** If space is insufficient, please use Appendix II***

G - I) Please list all Biosafety Cabinets (BSCs) to be used and provide the following information:

Make	**Class**	**Type**	**Building**	**Room**

G - II) BSC(s):

Please attach a copy of report(s) on testing and certification performed within the last 12 months.

H - Lab Personnel: In addition to the Biosafety Training offered by EHS, which is mandatory for all laboratory workers listed below, it is the permit holder's responsibility to ensure all lab personnel complete the MOU (see Appendix VIII or follow this link: *http://www.ehs.utoronto.ca/Assets/ehs+Digital+Assets/ehs3/Biosafety/MOU.pdf*). *By checking Y below, the permit holder confirms that the MOU has been signed and will be kept on file for 3 years post last day of working in the lab.*

NAME	TITLE/POSITION	PERSONNEL/STUDENT #	APPOINTMENT DATE	MOU SIGNED YES	/ NO
				◯	◯
				◯	◯
				◯	◯
				◯	◯
				◯	◯
				◯	◯
				◯	◯
				◯	◯
				◯	◯
				◯	◯

*** If space is insufficient, please use Appendix III.***

I - Animal and/or Radiation Usage with Biological Agents. Indicate usage by marking appropriate boxes. Please use attachment provided, **Appendix IV**, to briefly outline those procedures which involve animals used in conjunction with biological agents in the project(s).

Animal Usage

◯ None. No animals will be used in the identified project(s).

◯ Non-human primates ◯ Non-primate mammals ◯ Other animals

◯ Approved. Please provide the relevant Animal Research Protocol Number(s) _____

◯ Approval Pending. Animal Protocol Use Form submitted for review.

Radiation Usage

◯ None. No radiation will be used in the identified project(s).

◯ Radioisotope ◯ Irradiator ◯ X-ray ◯ Laser

◯ Approved. Please provide the UTRPA Permit Number(s) _____

◯ Aprroval Pending. Permit Application submitted for review.

J - Indicate if any other approvals or permits are required for the listed project(s). ◯ **YES** ◯ **NO**

If `yes', please attach a copy of the approval or permit.
(eg. Regulatory Agency Permit, hospital or other institution's Biosafety Certificate).

K - I) **Biological Agent(s):** Indicate by checking the relevant boxes.

*** For activities requiring Containment Level 2 or greater, please use attachment provided, Appendix IV, to briefly outline those procedures which involve the use of biological agents.***

☐ human tissues and cells ☐ human blood and blood fractions ☐ human body fluids
☐ primary human cell cultures ☐ established human cell lines
☐ animal tissues and cells ☐ animal blood and blood fractions ☐ animal body fluids
☐ primary animal cell cultures ☐ established animal cell lines
☐ bacteria ☐ viruses ☐ fungi ☐ parasites ☐ microbial toxins
☐ recombinant DNA/RNA ☐ other (specify) _____

K - II)

Please specify the biological agents, toxins and materials that are presently being used in the project(s).

*** Biological agents and materials that are currently not being used, but are stored in the laboratory, should be listed separately in appendix V.i***

Common Name (including species) (e.g. human cervical epithelial cells)	**Scientific Name** (e.g. HeLa)	**Risk Group**

*** If space is insufficient, please use Appendix V.***

**** For biological agents in risk group 2 or 3 that are VIABLE HUMAN PATHOGENS, please complete Appendix VI. ****

Toxins	**Quantity (mg)**

K - III) Please specify if this research encompass knowledge, products, or technologies that would: **Y / N**

1) Enhance the harmful consequences of a biological agent or toxin. ☐ ☐
2) Disrupt immunity or the effectiveness of immunization. ☐ ☐
3) Confer to a biological agent or toxin, resistance to clinically and/or agriculturally useful prophylactic or therapeutic interventions against that agent or toxin or facilitate their ability to evade detection methodologies. ☐ ☐
4) Increase the stability, transmissibility, or the ability to disseminate a biological agent or toxin ☐ ☐
5) Alter the host range or tropism of a biological agent or toxin. ☐ ☐
6) Enhance the susceptibility of a host population. ☐ ☐
7) Generate a novel pathogenic agent or toxin, or reconstitute an eradicated or extinct biological agent. ☐ ☐
8) Have a potential to be misused or misapplied to threaten public health, animal or plant health, or national security. ☐ ☐

If released, will the pathogen or research information pose threat to: **Y / N**

1) Aquatic animals, invertebrates? ☐ ☐
2) Terrestrial animals? ☐ ☐
3) Humans? ☐ ☐
4) Public safety? ☐ ☐
5) National security? ☐ ☐

L - Immunizations

Y / N

1) Is medical surveillance, immunoprophylaxis and/or vaccine available/indicated? ☐ ☐
2) Do you work with HIV, Human T-lymphotropic virus (HTLV), Hep A, Hep B, Hep C, Listeria, Mycobacterium tuberculosis, Q-fever (Coxiella), Rubella, Toxoplasma, Vaccinia and/or Varicella? ☐ ☐
3) Do you work with human or non-human primate organs, tissues, whole blood, blood products and/or body fluids? ☐ ☐
4) Do you have a staff member who is immunocompromised or pregnant? ☐ ☐

**** If you have answered yes to any of the above questions, please ensure that all personnel listed in Section H obtain appropriate medical clearance from the University of Toronto Occupational Health Services from EHS Office prior to working with these biological materials - note that this may require a proof of immunization. ****

NOTE: A ***certificate amendment*** is required for any significant changes in biohazard usage, research projects, personnel, research location, as well as **inclusion of any organism(s), previously stored, into any of the aforementioned projects**.
Researchers are responsible for removing and properly disposing of all their biological agents prior to submitting a formal request for decommissioning.

M- Declarations.

All researchers and their respective departmental Chair/Dean or designate must sign below.

As the **Principal Investigator** on this project, I declare that I am familiar with the contents of the University of Toronto Biosafety program, and that the above describes my research program, insofar as this includes the use of hazardous biological agents and materials, in its entirety. As the legally responsible individual I will ensure that all research and/or teaching conducted under my direction in the above laboratories and by the personnel listed, conforms to the standards set out in the Biosafety Guidelines at the University of Toronto, *as well as* provincial, federal and international policies and regulations that govern research involving biological agents. Any major deviation from the project, as originally approved, will be submitted to the Institutional Biosafety Committee Chair for approval prior to its implementation.

Name of Principal Investigator	**Signature**	**Date**

As the **Departmental Chair/Dean**, I am aware of the proposed activity. My administrative unit will follow guidelines and procedures which ensure compliance with all relevant University, provincial, national or international policies and regulations that govern research utilizing Biological agents.

Name of Chair/Dean (or designate)	**Signature**	**Date**
Name of Chair/Dean (or designate)	**Signature**	**Date**

Select: AP (Approved) , CA (Conditionally Approved) , RS (Review and Resubmit)

☐ AP ☐ RS

Local Biosafety Co-ordinator _____ Signature _____ Date _____

For Biosafety Office Use Only

☐ AP ☐ RS

University Biosafety Officer

Date _____

☐ AP ☐ CA ☐ RS

University Biosafety Committee Chair or Appointee

Date _____

Conditions and/or comments:

APPENDICES

E- Project Title(s) and Funding Sponsor/Granting Agency Name(s)

Project Title ______________________________

Funding Agency ____________ Fund/Grant # ____________ Dates Held ____________

Project Title ______________________________

Funding Agency ____________ Fund/Grant # ____________ Dates Held ____________

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Project Title ______________________________

Funding Agency ____________ Fund/Grant # ____________ Dates Held ____________

Project Title ______________________________

Funding Agency ____________ Fund/Grant # ____________ Dates Held ____________

F- Project Locations

Building	Room No.	Room Use	Containment Level (1-3)

APPENDIX III

H- Lab Personnel: *Check Y if the lab member has completed EHS's biosafety certificate course.*

NAME	TITLE/POSITION	PERSONNEL/STUDENT#	APPOINTMENT DATE	MOU SIGNED YES	/ NO
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○
				○	○

APPENDIX IV

For Sections I and K - Protocols Used with Biohazardous Agents

Please use the space provided to briefly outline those procedures which involve the use of biological agents including those procedures involving animals used in conjunction with biological agents for each project.

Please type within space provided below

APPENDIX V - MATERIALS IN USE

List the biological agents and/or materials currently used in the project(s).

Common Name (including species)	Scientific Name	Risk Group

APPENDIX VI - STORED MATERIALS

List the biological agents and/or materials stored and not used in the project(s).

Common Name (including species)	Scientific Name	Risk Group

APPENDIX VII

Provisions for VIABLE human pathogens

Please list the following criteria for pathogenic risk group 2 and 3 agents indicated in **Section K:**

	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					
Emergency Response					

Suggested References: Control of Communicable Diseases Manual , 18th ed., David L. Heymann, APHA; Pathogen Safety Data Sheets (PSDSs)/Public Health Agency of Canada; CDC.

APPENDIX VIII

Memorandum of Understanding and Agreement on Biosafety

For lab personnel listed in Section H of UofT Biosafety permit

1. I have read, understand, and will comply with the University of Toronto's Biosafety Manual, Biosafety training course(s), and, as applicable, HPTA, HPTR, CBS, Canadian Biosafety Guidelines – CL1, and any other regulations or standards (e.g. CFIA, ECCC). ☐ Yes

2. I have been trained on the use of and know the exact location of the eyewash, safety shower, fire exit, spill kit and first aid kits. ☐ Yes

3. I have been fully trained on the specifics of my work and am confident to start performing research on my own. I have been informed of the risks associated with this research, and I am participating voluntarily. I have read all applicable SDS and PSDS. ☐ Yes

4. I will notify my supervisor or his/her designate, and the Biosafety Officer, of any accident or exposure incident, and will also complete required forms as soon as possible. *https://ehs.utoronto.ca/report-an-incident/* ☐ Yes

5. I will notify my supervisor or his/her designate, and the Biosafety Officer, of any missing biological agents and/or toxins, inadvertent production/release of biological agents and/or toxins, and violations of safety requirements. I will cooperate fully in any investigation of these matters. ☐ Yes

6. I have been trained on and am able to properly operate the following equipment (please circle): autoclave, centrifuge, biosafety cabinet, fume hood, cryostat. List others, if applicable: ☐ Yes

_____

_____

7. At all times when I am working I will wear required Personal Protective Equipment, and footwear with closed toes and heels. ☐ Yes

8. I know that if I have a medical condition, including a suppressed immune system, or if I have a medical concern, I must seek advice from the University's Occupational Health Nurse by calling 416-978-4467. ☐ Yes

9. I recognize my responsibility and legal obligation to observe these practices and precautions while present in the laboratory and understand their importance for the safety and welfare of myself, all others in the laboratory, and the environment. ☐ Yes

_____	_____
Signature of Research Participant	Signature of Permit Holder
_____	_____
Print Name	Print Name
_____	_____
Date	Date

Attention to: Biosafety Permit Holders

Do not submit a copy of this form along with your Biosafety permit application.

A hard-copy of this safety agreement signed by each lab worker listed on your Biosafety Permit must be kept in your office/lab.

Note that your records may be audited during a lab inspection normally conducted prior to permit renewal.

Revised: Jan 2019