uOttawa | Bureau de la dirigeante principale de la gestion des risques / Office of the Chief Risk Officer

BIOHAZARDOUS MATERIALS USE CERTIFICATE APPLICATION

A BMUC must be issued for all work involving mammalian cells, viruses, bacteria, biotoxins, recombinant DNA and other potentially biohazardous material. An incomplete submission will result in a delay in approval of the application. Please note that you must fill out a separate *Project Specifications Form* and the *New User Registration Form* for each project /personnel.

A. Applicant information

Last name:		First name:
Faculty:		Department:
Host institution:		
Office: (building/room #)		Laboratory: (building/room #)
Tel:	Email:	Fax:

B. Laboratory manager / delegate information

Last name:	First name:
Tel:	Email:

C. Laboratory/facility certification

Has your laboratory been certified (prior to importing level 2 or 3 material)? ☐ Yes ☐ No
By which agency? _____ PHAC _____ CFIA For which agent(s)?
_____

Please provide copies of the importation permits for our records.

D. Laboratory design

ROOM #	ROOM USE (ex. laboratory work, cell culture, specialized equipment)	COMMON /SHARED ROOM (Y/N)	OPEN CONCEPT LABORATORY (Y/N)	ACCESS CONTROLLED (Y/N) (ex. key, keycard, etc)

E. Containment equipment

1) Biological safety cabinets

MAKE	MODEL	SERIAL NO.	DATE OF LAST CERTIFICATION

Note: It is standard policy at the University that biosafety cabinets need to be hooked to emergency power.

2) Laminar flow hoods / clean benches

MAKE	MODEL	SERIAL NO.	DATE OF LAST CERTIFICATION

F. Biosecurity

1) Signage

Signage must include your name, a floor map of the laboratory, a 24-hour emergency contact number (ex. ext. 5411) and a biohazard symbol indicating the risk level. Is the appropriate signage posted outside the laboratory? (If not, proper signage will be arranged.) ☐ Yes ☐ No

2) Laboratory access

In order to restrict laboratory access to authorized personnel, will you implement a key return policy for when personnel have completed their research and left the laboratory? ☐ 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. It is an essential activity demonstrating pathogen accountability. Records must include a list of all potentially biohazardous material (ex. virus, bacteria, cell lines, biological toxins, plasmids, vectors), storage and use locations, and any transfer documentation. The information must be updated regularly.

What type of inventory management system has been or will be implemented in your laboratory? Please check the appropriate boxes.

FORMAT
- ☐ Electronic
- ☐ Paper
- ☐ Other (please specify) _____ _____

TYPE
- ☐ Agent-specific
- ☐ Location-specific
- ☐ User-specific
- ☐ Other (please specify) _____ _____

INVENTORY LOCATION
- ☐ Laboratory
- ☐ Office
- ☐ Posted on individual equipment
- ☐ Other (please specify) _____ _____

Do you retain supplier sheets for all orders of biological material? ☐ Yes ☐ No

Please complete the ***Inventory of Biological Material*** (Appendix 1).

G. Emergency planning

1) Power failure

In the event of a power failure that may put your research at risk, please provide the following information.

SENSITIVE EQUIPMENT	ALARMED (Y/N)	CONTACT PERSON	AFTER HOURS CONTACT TEL #	ACTION TO BE TAKEN

2) Spill Response

Have you implemented a SOP for spills or accidental release of biological material? ☐ Yes ☐ No

Please provide the laboratory procedure to be followed in the case of a spill. A University of Ottawa spill response template is available on the web for your consideration.
https://orm.uottawa.ca/my-safety/biosafety/operational-hub. Look under Biological Emergency Response.

H. Declaration and signature

I understand that the issuing of a *Biohazardous Materials Use Certificate* is contingent on my compliance with the applicable acts, regulations and guidelines pertaining to human and animal pathogens, zoonotic agents and toxins. I am fully aware of the potential dangers associated with the biohazardous materials listed in this application. I certify that the information provided herein is complete and accurate and consistent with any proposal(s) submitted to external funding agencies. I agree to comply with all conditions which may be attached to this certificate and to undertake the authorized research in an ethical manner.

Date	Applicant's signature	Date	Department Chair's signature

I. Approval

☐ GRANTED
☐ REFUSED
☐ CONDITIONAL

Date	Risk Specialist, Biosafety	Date	Assistant Director: Enviro, Bio, Rad

I. Informed Parties

☐ BIOSAFETY COMMITTEE
☐ HEALTH AND SAFETY RISK MANAGERS

Appendix 1
Inventory of Biological Material

Please attach a copy of the *Material Safety Data Sheet* or *Supplier Information Sheet* for each agent listed in the table below.

BIOHAZARDOUS AGENT TYPE	BIOHAZARDOUS AGENT STRAIN	RISK GROUP	USE STATUS		STORAGE VESSEL (ex. liquid nitrogen tank, freezer)	LOCATION		SUPPLIER	IN VIVO (Y/N)
			IN USE	PRESERVED STOCK		USE ROOM	STORAGE ROOM		