



## REQUEST TO AMEND BIOSAFETY CERTIFICATE

This form must be completed when requesting an amendment to an existing Biosafety Certificate. Specifically when there is any proposed change to:

- location or addition of rooms
- addition of new agents not listed on the current certificate
- change in containment level
- changes in personnel
- any change which potentially conflicts with the conditions listed on the Biosafety Certificate
- cessation of work with an agent/disposal of an agent
- offsite changes

### BIOSAFETY CERTIFICATE HOLDER INFORMATION

Name of Biosafety Certificate Holder: \_\_\_\_\_

Biosafety Certificate Number: \_\_\_\_\_ Biohazard Containment Level: \_\_\_\_\_

Location-Onsite and Offsite (Building and Room Number): \_\_\_\_\_

### NATURE OF CHANGE REQUESTED

Change in Location (Building and Room Number):

From: \_\_\_\_\_ To: \_\_\_\_\_

Addition of a Room (Building and Room Number): \_\_\_\_\_

Addition of new Agent(s) (Complete Section on Material Information)

Change in Containment Level: From: \_\_\_\_\_ To: \_\_\_\_\_

Changes in Personnel (Complete Section on Personnel Changes):

Cessation of work/disposal of an agent (Complete Section on Reason for Change):

Other (Specify, and Complete Section on Reason for Change): \_\_\_\_\_

MATERIAL INFORMATION
<b>Agent(s) Common Name(s):</b> _____
<b>Scientific Name(s)/Species:</b> _____
<b>Risk Group(s):</b> _____
<b>Is/are the agent(s) listed in one of the Schedules to Appendix 3 of the UOIT Biosafety Manual?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, which Schedule(s):</b> _____
<b>ATCC Number (if applicable):</b> _____
<b>Type of Material(s):</b>
<input type="checkbox"/> Bacterium <input type="checkbox"/> Virus <input type="checkbox"/> Fungus <input type="checkbox"/> Toxin <input type="checkbox"/> Parasite
<input type="checkbox"/> Human tissues or cells <input type="checkbox"/> Animal Tissues or Cells
<input type="checkbox"/> Recombinant DNA/RNA <input type="checkbox"/> Other (specify) _____
<b>Form of Material(s):</b> _____
<b>Amount of Material(s):</b> _____

REASON FOR CHANGE

PERSONNEL CHANGES
<b>Names to be Deleted:</b>

Names to be Added	Position/Role	WHMIS/GHS Training Passed	Biosafety Training Passed	Radiation Safety Training Passed

CERTIFICATE HOLDER ACKNOWLEDGEMENT
<p>In signing this, I agree that the information provided in this form is complete and accurate, and that I will adhere to all UOIT policies and procedures outlined in the UOIT Biosafety Manual with respect to the acquisition, use, storage and handling of materials/agents.</p> <p>Certificate Holder Signature: _____</p> <p>Date: _____</p>

FOR OFFICE USE ONLY
<p>Laboratory Registration    <input type="checkbox"/> PHAC    <input type="checkbox"/> CFIA    <input type="checkbox"/> Not Applicable</p> <p>Agent Listed on PHAC Schedule:    <input type="checkbox"/> No    <input type="checkbox"/> Yes    Schedule: _____    <input type="checkbox"/> N/A</p> <p>Compliance Officer Signature: _____</p>
<b>BIOSAFETY OFFICER APPROVAL</b>
<p>Biosafety Officer Signature: _____</p> <p>Date: _____</p>