

YORK UNIVERSITY BIOSAFETY CERTIFICATE (RESEARCH)

Biosafety Office Use Only	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<input type="checkbox"/> Amendment	
Cert. No.:	
Cont. Level:	
Expiry Date:	

PLEASE PRINT CLEARLY.
PRINCIPAL INVESTIGATORS MUST KEEP A COPY OF THE CERTIFICATE ON FILE.

FAILURE TO POSSESS A VALID BIOSAFETY CERTIFICATE MAY RESULT IN THE WITHHOLDING OF FUNDING.

ALL APPLICANTS SHALL BE FAMILIAR WITH THE CONTENTS OF THE PUBLIC HEALTH AGENCY OF CANADA "LABORATORY BIOSAFETY GUIDELINES" 3rd EDITION.

CERTIFICATE SUBMISSION PROCEDURES

1. The Principal investigator (PI) shall submit the completed and signed certificate form and appendices to the Biosafety Officer (Debbie Kolozsvari, East Office Building, Room C42, dkolozsv@yorku.ca, x44745). Refer to the Biosafety Certificate Guidelines for additional information.
2. The Biosafety Officer will perform an initial review and then forward the application to other members of the Advisory Committee on Biological Safety (ACOBS) for review.
3. The PI will provide any clarifications and/or modifications requested by ACOBS.
4. Following any ACOBS discussion of the certificate/form the Chair (and/or Vice-Chair) may do one of the following:
 - a. Approve the protocol as is or as amended;
 - b. Approve the protocol with conditions;
 - c. Return the protocol to the PI for review and resubmission.
5. The Principal Investigator shall be notified in writing by the Office of Research Ethics on behalf of the Chair with respect to the decision of the Committee.

Approval is granted for a 12 month period after which the protocol shall be reviewed and approved for renewal by ACOBS. Original certificates are kept in the office of the Biosafety Officer. Copies of all approved certificates are kept in the office of the Senior Manager & Policy Advisor, Research Ethics.

A. PRINCIPAL INVESTIGATOR OF RESEARCH PROJECT

Principal Investigator:	Employee No.
Department:	Position:
Campus Address:	
Email Address:	Office Phone No. Emergency Phone No.

B. PRINCIPAL LAB CONTACT:

Contact Name:	Position:
Building/Room Number:	Laboratory Phone No.

Biosafety Office Use Only Project Number:
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C. RESEARCH GRANT INFORMATION (attach additional sheets, as required)

Applicant Name(s):	
Project Title:	
All Funding Sponsor or Agency Name(s):	
Date of Application:	Funding Period:
Project Description (brief lay summary of the project and an outline of the use of biological agents/materials):	

Biosafety Office Use Only Project Number:
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Project Description (brief lay summary of the project and an outline of the use of biological agents/materials):	

D. PROJECT LOCATION(S)/CONTAINMENT LEVEL

Please list the location(s) and containment level of all laboratories that will be used for this project:

Building	Room Number	Containment Level (1-2)	Is this a shared lab space? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of PI(s) in Shared Lab Space.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. BIOLOGICAL SAFETY CABINET(S)

Please attach a copy of the report(s) on testing and certification performed during previous 12 month period. Attach for all biological safety cabinets (BSCs) involved with the project.

Make	Class	Type	Building	Room
<i>e.g. Baker</i>	<i>A</i>	<i>II</i>	<i>Farquharson</i>	<i>421C</i>

F. HUMAN, ANIMAL AND/OR RADIATION USAGE WITH BIOLOGICAL AGENTS

Indicate usage by marking the appropriate boxes and filling out the required information. **Check all that applies.**

Human Subjects:

Yes No Will human tissue, blood or body fluids be used that require HPRC ethics approval? (specify):

Animal Usage: simplified, since we get these details in the appendices

- no animals will be used in conjunction with this certificate
- animals requiring YUACC ethics approval
 - Approved: **attach copy of YUACC approval documentation**
attach Section M-BIOHAZARD AND RADIOISOTOPE USE of your YUACC protocol in Appendix I
 - or
 - Approval Pending: Animal Protocol Use form submitted for review
- animals that do not require YUACC ethics approval

Radiation Usage:

- no radiation will be used in conjunction with this certificate
- radioisotope(s)
- other radiation (please specify):
 - Approved: attach copy of approval documentation - Permit Number: _____
 - or
 - Approval Pending: permit application submitted for review


G. BIOLOGICAL MATERIAL INVENTORY/USAGE AND RISK GROUP CLASSIFICATION

This inventory may be submitted to the Public Health Agency of Canada under the Human Pathogens and Toxins Act.

Indicate usage by marking the appropriate boxes. **Please fill out the applicable appendices.**

All personnel, including undergraduate and summer research students, working directly with biological materials identified in this certificate must receive adequate training on safe handling, transportation, and disposal.

I affirm that I have received adequate training for the biological agents handled in the laboratory. I have reviewed the safety protocols in the Appendices and will follow them.

Name	Signature
e.g. Cree Rillo	

J. IMMUNIZATION

Appropriate immunization is strongly recommended for all persons who handle or are exposed to human and other mammalian blood, body fluids, organs or tissues. The Principal Investigator is required to inform all members of the laboratory of the above recommendation and in some cases must enroll members in the Medical Surveillance Program. More information can be obtained from the Biosafety Officer, DOHS at extension 44745.

I understand and acknowledge the information on immunization provided above: Yes No

I have informed all members of my laboratory of the above recommendation: Yes No

K. DECLARATION

I declare that I am familiar with the contents of the **Health Canada "Laboratory Biosafety Guidelines" 3rd edition (2002)**, and that the above describes my research program, insofar as this includes the use of biological agents and materials which require biosafety approval, in its entirety.

As the legally responsible individual, I will ensure that all research conducted under my direction in the above laboratories and by the above personnel conforms to the requirements of the **Health Canada "Laboratory Biosafety Guidelines" 3rd edition (2004) and the Terms of Reference of the Advisory Committee on Biological Safety (ACoBS)**, as well as provincial, federal, and international policies and regulations that govern research involving biological materials.

I affirm that all biological agents in my laboratory are/will be handled carefully by trained persons under laboratory conditions which afford adequate containment and worker protection.

If any aspect of my research program changes during tenure of this document, I will inform the ACoBS.

Signature of Principal Investigator

Date

Advisory Committee on Biological Safety (ACOBS) Use Only

Biosafety Officer Review and Approval

- | | | |
|---|-------|-----------|
| <input type="checkbox"/> Initial Review | Date: | Comments: |
| <input type="checkbox"/> Revised | Date | |
| <input type="checkbox"/> Revised | Date | |
| <input type="checkbox"/> Revised | Date | |
| <input type="checkbox"/> BSO Approval | Date: | |

Biosafety Officer

Date

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

ACOBS, Faculty Member Review and Approval

AP CA RS

Faculty Member,
Advisory Committee on Biosafety

Date

Conditions and Comments:

ACOBS Chair or delegate Final Review and Approval

AP CA RS

Chair
Advisory Committee on Biosafety

Date

Conditions and Comments: