

YORK UNIVERSITY BIOSAFETY CERTIFICATE (RESEARCH)

Biosafety Office Use Only	
Cert. No.:	
Cont. Level:	
Expiry Date:	
NEW:	<input type="checkbox"/>
RENEWAL:	<input type="checkbox"/>
AMENDMENT:	<input type="checkbox"/>

PLEASE TYPE OR PRINT CLEARLY. PRINCIPAL INVESTIGATORS ARE REQUIRED TO KEEP A COPY OF THE CERTIFICATE ON FILE.

*****EACH SEPARATELY FUNDED RESEARCH PROJECT REQUIRES ITS OWN BIOSAFETY CERTIFICATE*****

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

ALL APPLICANTS SHALL BE FAMILIAR WITH THE CONTENTS OF THE HEALTH CANADA "LABORATORY BIOSAFETY GUIDELINES" 3rd EDITION (2004) and the Researcher Responsibilities document appended to this certificate (and available on the Research website at:)

http://www.research.yorku.ca/securehome/research_services/resethics_secure/Biohazards_secure/index.html

CERTIFICATE SUBMISSION PROCEDURES

1. Principal investigator shall submit the completed and signed certificate/form to the Biosafety Officer, Department of Occupational Health and Safety. **(C27, East Office Building)**
2. The Biosafety Officer will perform an initial review with the Principal Investigator then forward the application to other members of the ACoBs for review.
3. The Principal Investigator will provide any clarifications and/or modifications requested by the 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. Forward the protocol to the committee for review, should further issues with the protocol arise.
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, should it prove necessary, shall be reviewed and approved for renewal by the Committee. Original Certificates are kept in the office of the Bio-Safety 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:	Rank / Position:
Campus Address:	
Email Address:	Telephone No.

B. RESEARCH GRANT INFORMATION

Applicant Name(s):
Project Title:

Date of Application:
All Funding Sponsor or Agency Name(s):
Funding Period:

C. PROJECT LOCATION(S):

Please list all locations that biological materials will be stored and/or manipulated:

Building/Room number/Containment level (1 -3):
Building/Room number/Containment level (1 -3):
Building/Room number/Containment level (1 -3):
Building/Room number/Containment level (1 -3):

D. BIOLOGICAL SAFETY CABINET(S):

Please attach copy of report(s) on testing and certification performed during previous 12 month period. Attach ALL BSC cabinets 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>

E. PROJECT DESCRIPTION

Please use this space to give a brief lay summary of the project and an outline the use of biological materials:

F. ANIMAL AND/OR RADIATION USAGE WITH BIOLOGICAL AGENTS (requiring biosafety approval)

Indicate usage by marking the appropriate boxes and filling out the required information.

Animal Usage:

- none: no animals will be used in the identified project
- non-primate mammals (please specify): _____
- non-human primates (please specify): _____
- other animals (please specify): _____
- Yes No Primary cells be extracted from the animals?
- Yes No Blood and/or body fluid will be extracted from the animals?

Please provide Section M - BIOHAZARD AND RADIOISOTOPE USE of your YUACC protocol in Appendix I

- Approved: attach copy of YUACC approval documentation (only for those requiring YUACC approval)
or
- Approval Pending: Animal Protocol Use form submitted for review

Radiation Usage:

- none: no radiation will be used in the identified project(s)
- radioisotope
- other radiation
- Approved: attach copy of approval documentation - Permit Number: _____
or
- Approval Pending: permit application submitted for review

G. BIOLOGICAL AGENT USAGE

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

1. Biological Agent Usage:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cell Lines (Please fill out appendix IV) | <input type="checkbox"/> Microbial toxins (e.g. Pertussis Toxin)
(see Appendix IX for a list) |
| <input type="checkbox"/> Mammalian Tissue (Please fill out appendix V) | <input type="checkbox"/> Non-Mammalian Animal Tissues |
| <input type="checkbox"/> Mammalian Blood & Blood fractions (Please fill out appendix VI) | <input type="checkbox"/> Non- Mammalian Animal Blood & Blood Fractions |
| <input type="checkbox"/> Mammalian body fluids (Please fill out appendix VII) | <input type="checkbox"/> Non- Mammalian Animal Body Fluids |
| <input type="checkbox"/> Viruses (Please fill out appendix VIII) | <input type="checkbox"/> Parasites |
| <input type="checkbox"/> Viral vector (Please fill out appendix VIII) | <input type="checkbox"/> Fungi |
| <input type="checkbox"/> Recombinant DNA / RNA (vectors and sequences):
Are they pathogenic sequences?
<input type="checkbox"/> No <input type="checkbox"/> Yes (Please fill out appendix VIII) | <input type="checkbox"/> Other microorganisms |
| <input type="checkbox"/> Bacteria:
<input type="checkbox"/> E.coli (K12 strain) used for cloning nucleic acid(s) and/or protein(s) of interest
<input type="checkbox"/> Other (Please fill out appendix VIII) | |

2. Please describe in the space provided below how all biohazardous materials will be prepared (sonicated, centrifuged, etc.) for experiment:

3. Briefly describe any safety precautions employed while working with the biohazardous materials:

All general laboratory safety practices mentioned in Chapter 3.1.1 of the Laboratory Biosafety Guidelines are followed. Any additional safety precautions are mentioned below.

All containment level 2 laboratory safety practices mentioned in Chapter 3.1.2 of the Laboratory Biosafety Guidelines are followed. Any additional safety precautions are mentioned below.

The following additional safety precautions are employed: **N/A**

4. Please describe in the space provided below the disinfection and decontamination of biohazardous materials and contaminated-products (pipette tips, culture dishes, gauze etc) protocols of your laboratory:

Please see attached SOPs

4. Please describe in the space provided below the waste disposal protocols for all biohazardous materials:

Please see attached SOPs

J. IMMUNIZATION

Unless known to have pre-existing immunity, persons should be strongly *encouraged* to obtain relevant immunization with a licensed immunizing agent to protect against infection by the identified hazardous biological agent. 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 encouraged to keep records of relevant immunizations that laboratory members have obtained. More information on immunizations can be obtained from the Biological Safety 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)**.

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 Committee (ACoBS) Use Only

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

<input type="checkbox"/> Reviewed	<input type="checkbox"/> AP <input type="checkbox"/> CA <input type="checkbox"/> RS	<input type="checkbox"/> AP <input type="checkbox"/> CA <input type="checkbox"/> RS
_____ Biosafety Officer, Advisory Committee on Biosafety	_____ Chair or Chair's Delegate, Advisory Committee on Biosafety	_____ Committee Member Advisory Committee on Biosafety
_____ Date	_____ Date	_____ Date

Conditions and Comments: _____

