**Biologically hazardous materials are defined as pathogenic organisms or materials that have the potential to transmit pathogenic organisms or biotoxins to humans, animals or the environment.** **These include among other things, primary human or wild animal specimens, wastewater samples, soil, pest plants, infectious cell lines and wild-type Risk Group 2 microorganisms.**

**This application form should be completed for approval to use Risk Group 2 or above biologically hazardous material, potential or actual, in UniSA premises.**

For your reference a copy of the Australian and New Zealand Standard for Safety in Laboratories 2243.3 can be located in the [SAI Global Online Database](http://search.library.unisa.edu.au/record/UNISA_ALMA6184616600001831), accessing via the [UniSA Library](http://www.library.unisa.edu.au/Default.aspx). Hint: search for “SAI Global”

Completed forms should be submitted to: [**biosafety@unisa.edu.au**](mailto:biosafety@unisa.edu.au)

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| **IBC use only** | **IBC Reference Number** |  |

|  |  |  |
| --- | --- | --- |
| **1** | **Project Title** | |
|  | | |
| **Proposed commencement date** | | **Date**  / / |
| **Expected completion date** | | **Date**  / / |

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| --- | --- | --- |
| **2** | **Individuals who will be handling the biologically hazardous material(s)** | |
| **2A** | **Project Leader** | |
| **Project Leader’s Name** | |  |
| **Email Address** | |  |
| **Telephone Number** | |  |
| **UniSA Academic Unit/Institute/Centre** | |  |
| **Affiliations Other Than UniSA** | |  |
| **Funds Source (including Grant ID, if applicable)** | |  |
| **Has the Chief Investigator previously submitted an application to this IBC?** | | Yes  No |
| **If no, please provide as an attachment a brief one-page resume outlining relevant experience, biosafety training and qualifications in relation to working with the microorganisms, plants, invertebrates or animals listed in this application.** | | |

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| **2B** | **Preferred Contact Person** | | |
| **Same as above** | | Yes  No | |
| **Preferred Contact Person Name** | |  | |
| **Email Address** | |  | |
| **Telephone Number** | |  | |
| **UniSA Academic Unit/Institute/Centre** | |  | |
| **Affiliations Other Than UniSA** | |  | |
| **2C** | **Other Personnel**  **Note: Please notify biosafety@unisa.edu.au if there is a change of personnel.** | | |
| **Senior Research Staff**  **Name and Institution Affiliation** | | **Post-Doctoral Research Staff**  **Name and Institution Affiliation** | **Research and Senior Research Assistants** |
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| **Postgraduate Students**  **Name and Student ID** | | **Hons/Undergraduate Students**  **Name and Student ID** | **Other Persons**  **e.g. UniSA Facility Personnel** |
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| **3** | **Protocol** |
| --- | --- |
| **Description of Work in Lay Terms**  *Note:* IBC members are from a range of University disciplines. | |
|  | |
| **Protocol Details**  *Note:* If more than one type of dealing is included on this application, please ensure that the work associated with each dealing type is clearly identified and outlined. | |
|  | |

| **4** | **Hazard Details** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please include the details for all biologically hazardous material for which the Chief Investigator is seeking approval for use** | | | | | | | | | | | | |
| **Material Identification  *Including Primary Human or Animal Tissue/Bodily Fluids*** | | | | | **Manufacturer / Source** | | | **Listed as**  **Risk Group 2 In**  **AS/NZS 2243.3 or Other Reference** | | **Listed as**  **Risk Group 2 by Manufacturer** | **Transmission Route** | |
|  | | | | |  | | | ☐ Yes  No  ☐ N/A | | Yes  No  N/A | Aerosol  Ingestion  Inoculation | |
|  | | | | |  | | | ☐ Yes  No  N/A | | Yes  No  N/A | Aerosol  Ingestion  Inoculation | |
|  | | | | |  | | | Yes  No  N/A | | Yes  No  N/A | Aerosol  Ingestion  Inoculation | |
| **4A** | | **Available Risk Management Resources** | | | | | | | | | | |
| PC2 or Above Laboratory | | | Safety Glasses | Sharps Precautions | | Pipette Aid | Gown | | Sealable Transport Containers | | | BSCII |
| Waste Management | | | Decontamination | Closed-in Shoes | | Spills Kit | Face Mask | | Sealed Centrifuge Rotors | | | Gloves |

| **5** | **Pathogenicity Details** |
| --- | --- |
| **Please include a description of the pathogenicity of the biologically hazardous material to be used. If known please Include the minimum infectious dose.** | |
|  | |

| **6** | **Security Sensitive Biological Agents** | |
| --- | --- | --- |
| **Is the biological hazard listed as a SSBA under Part 3 of the National Health Security Act 2007 (**[**http://www.health.gov.au/ssba#list**](http://www.health.gov.au/ssba#list)**)?** | | |
| Yes   No | | **If yes, please contact University Biosafety Officer (**[**biosafety@unisa.edu.au**](mailto:biosafety@unisa.edu.au)**) prior to submitting this form.** |

| **7** | **Risk Assessment and Management** | |
| --- | --- | --- |
| **Human Health**  **What are (if any):**   1. **the possible hazard(s) to human health,** 2. **the likelihood of harm** | | |
|  | | |
| **If there is a hazard to human health, please list any vaccines available for the Risk Group 2 microorganisms used.** | | |
|  | | |
| **If there is no vaccine available against one or more microorganisms used in this project, will immunocompromised persons be permitted to work with the microorganism?** | | Yes  No  If yes, will their work practices be changed to reduce the risk of infection? (Please describe) |
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| **7** | **Risk Assessment and Management** | |
| **Will conducting this dealing pose a safety risk to other staff, students, animals or insects but are not directly associated with the project but who occupy the same facilities or share equipment?**  **If yes, what are:**  **a) the possible hazard(s) to other personnel or animals within the facilities,**  **b) the likelihood of harm**  **c) the safety precautions that will be taken to protect them, and**  **d) how will staff and HDR students be notified of the risk** | | |
|  | | |
| **Environmental Risks**  *Note:* The environment includes water, soil, plants, air, insects and animals outside the laboratory.  Risks can come from amongst other things: ova, embryos, sperm and seeds. | | Is there any likelihood of release into the environment?  Yes  No |
| If Yes, would the inadvertent release of the material outside of the certified facility, pose a risk above that which already exists in the environment?  Yes  No  If Yes, please list:  a) possible hazard(s) to the environment, and  b) likelihood of harm |
|  |
| **Training**  **What biosafety and biosecurity training will be conducted?**  *Note:* It is the responsibility of the project leader to ensure that staff, visiting scientists and students wishing to conduct the dealing, have been trained appropriately.  Personnel must indicate to the licence holder that they have read and understood their training by signing a record of their training.  This record of training will be reviewed during the IBC annual facility inspection | | |
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| **Transport**  **Do you propose to transport the material outside a certified facility?  Yes  No**  **If Yes, how will the material be transported?**  Please include details of:   * type of facilities and likely location of origin or destination * packaging and labelling, * transportation method, * who will package and transport, * decontamination of packaging before and after transport * accounting processes   *Note:* “Transport” includes importing and exporting to or from UniSA or the Australian boarder, and between facilities within the same building. This applies to among other things, life stages of GMOs such as ova, sperm, embryos and seeds. | | |
|  | | |
| **Describe the storage method and storage facilities.** | | |
|  | | |
| **How will the biologically hazardous material(s) and their products be disposed of?** | | |
|  | | |
| **References relevant to the dangers or safe use of the material(s) to be used** | | |
|  | | |

| **8** | **Facilities** | | | | |
| --- | --- | --- | --- | --- | --- |
| Clearly identify the laboratories (including room numbers) where the biologically hazardous material(s) will be used and where stored | | | | | |
|  | | **Facility 1** | | **Facility 2** | **Facility 3** |
| **Room Number(s)** | |  | |  |  |
| **Building** | |  | |  |  |
| **Type of Facility** | |  | |  |  |
| **Facility Contact** | |  | |  |  |
| **Aspects of protocol to be performed in this facility** | |  | |  |  |
|  | | **Facility 4** | | **Facility 5** | **Facility 6** |
| **Room Number(s)** | |  | |  |  |
| **Building** | |  | |  |  |
| **Type of Facility** | |  | |  |  |
| **Facility Contact** | |  | |  |  |
| **Aspects of protocol to be performed in this facility** | |  | |  |  |
| **Will the dealing involve storage of the Biological Hazard outside of a facility listed above?** | | | Yes  No | | |
| **If yes, where?** | | |  | | |

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| **9** | **Compliance Declaration** | | |
| I certify that I am aware of and have access to the Australian/New Zealand Standard 2243.3 (Safety in laboratories – Microbiological safety and containment); that I will take responsible care with the use of biologically hazardous material(s) specified in this application, and that all staff and students involved will be properly instructed in the safe use and disposal of such material(s). | | | |
| **Project Leader Name** | | **Project Leader Signature** | **Date**  / / |

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| **10** | **Facility Manager Declaration** | | |
| As Facility Manager I have been informed of the nature of and risks involved with this biological hazard(s) and after consideration of them, I hereby consent to the work being performed in the listed facility.  I will ensure that the appropriate safety procedures are followed and that personnel are appropriately trained prior to undertaking work in the listed facility.  In the event of an incident or accident I am aware that I must put into place the appropriate responses, and I will inform the IBC as soon as practicable of any incidents or accidents. | | | |
| **Facility Manager Name - Facility 1** | | **Facility Manager Signature – Facility 1** | **Date**  / / |
| **Facility Manager Name - Facility 2** | | **Facility Manager Signature – Facility 2** | **Date / /** |
| **Facility Manager Name - Facility 3** | | **Facility Manager Signature – Facility 3** | **Date / /** |
| **Facility Manager Name - Facility 4** | | **Facility Manager Signature – Facility 4** | **Date / /** |

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| **11** | **Head of Academic Unit/Institute/Centre Declaration** | | |
| As the Senior Manager responsible for the research activities of the Chief Investigator, I have been informed of the nature of and risks involved with this biologically hazardous material(s). I certify that appropriate facilities and procedures are in place for the safe use of the material(s) specified and I hereby consent to the work. | | | |
| **Head of Academic Unit/Institute/Centre Name** | | **Head of Academic Unit/Institute/Centre Signature** | **Date** / / |