**This application form should be completed for minor changes to biological hazardous dealings, approved by UniSA Institutional Biosafety Committee. Minor changes are defined as changes to facilities, transport, storage, disposal or personnel. Changes to protocol or microorganism constitute a new Biological Hazard Dealing; and a new Biological Hazard Dealing application form will need to be completed and submitted to the IBC.**

Completed forms should be submitted to: biosafety@unisa.edu.au

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| ***NOTE: Confidentiality*****If you wish to make an application for a declaration that specifies information is Confidential Commercial Information (CCI) for the purposes of the Act, you must also complete the CCI application form available at** [**www.ogtr.gov.au**](http://www.ogtr.gov.au) **and place it at the end of this application.** |

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

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

|  |  |
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| **2** | **Person responsible for dealing** |
| **2A** | **Project Leader**  |
| **Project Leader** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **UniSA Academic Unit/Institute/Centre** |  |
| **Affiliations Other Than UniSA** |  |
| **2B** | **Preferred Contact Person** |
| **Same as above** | [ ]  Yes  [ ]  No If No, then complete the details below. |
| **Preferred Contact Person Name**  |  |
| **Email Address**  |  |
| **Telephone Number**  |  |
| **UniSA Academic Unit/Institute/Centre**  |  |
| **Affiliations Other Than UniSA** |  |

| **3** | **About the Modification** |
| --- | --- |
| **Brief Description of Work** |
|  |
| **Summary of Modifications****Please select all that apply *(Note: if the IBC assesses this application to constitute a major modification, a new full application will be required).*** |
| *Changes to premises may only be to another facility with appropriate Physical Containment (PC) level within the same Institution. If the work is to be moved to a different Institution, a new full application is required.* | [ ]  Change to import or export of the material into UniSA*If yes, complete the following details*Is the import subject to quarantine approval?[ ]  Yes **Import Permit ID** [ ]  No  |
|  | [ ]  Change to transport within or outside of UniSA |
|  | [ ]  Change to storage of the microorganism |
| [ ]  Change to disposal of the microorganism |
| [ ]  Change to facilities in which the dealing is conducted  |
| [ ]  Change of personnel involved in the dealing |
| [ ]  Other |
| **Other****If you selected “Other”, please describe the modification.** |
|  |
| **Import/Export****Do you intend to change the importation or exportation of the dealing?** | [ ]  Yes [ ]  NoIf yes, give details below. |
|  |

| **3** | **About the Modification** |
| --- | --- |
| **Transport****Do you wish to change the transport arrangements for transporting material outside a certified facility?** 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 processesNote: “Transport” includes importing and exporting to or from UniSA, through 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.  |  [ ]  Yes [ ]  NoIf Yes, how will the material be transported? |
|  |
| **Do you intend to change the storage conditions or locations of the material?**  |  [ ]  Yes [ ]  NoIf Yes, how and where will it now be stored? |
|  |
| **Do you wish to change the method of disposal?**  | [ ]  Yes [ ]  NoIf Yes, how do you wish to change the dispose? |
|  |

| **3** | **About the Modification** |
| --- | --- |
| **Will the proposed modifications change the safety risk to staff, students, animals or insects within the facility, both those involved in the project directly or indirectly (including those who share equipment)?** | [ ]  Yes [ ]  NoIf yes, what are:1. the possible hazard(s) to personnel or animals within the facilities,

b) the likelihood of harmc) the safety precautions that will be taken to protect them, andd) how will staff and HDR students be notified of the risk |
|  |
| **Environmental Risks** **Is there any likelihood that the changes will increase the risk of release into the environment?**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. | [ ]  Yes  [ ]  No |
| If Yes, would the inadvertent release of the material outside of the contained facility, pose a risk above that which already exists in the environment? [ ]  Yes  [ ]  NoIf Yes, please list how the changes to the protocol: a) pose possible hazard(s) to the environment, b) the likelihood of harmc) what steps will be taken in the event of an unintentional release of the pathogenic organisms or material(s) |
|  |

| **4** | **Changed Facilities** ***(Leave blank if facilities will not be changed)*** |
| --- | --- |
| **All facilities to be used, including places of storage must be authorised. Storage of Risk Group 2 pathogenic organisms or materials outside of an IBC approved PC2 facility must be authorised by the IBC.**  |
|  | **Facility 1** | **Facility 2** | **Facility 3** |
| **Room Number(s)** |  |  |  |
| **Building** |  |  |  |
| **Type of facility**  |  |  |  |
| **Facility Contact** |  |  |  |
| **Experiments/aspects of dealing to be performed in this facility** |  |  |  |
|  | **Facility 4** | **Facility 5** | **Facility 6** |
| **Room Number(s)** |  |  |  |
| **Building** |  |  |  |
| **Type of facility** |  |  |  |
| **Facility Contact** |  |  |  |
| **Experiments/aspects of dealing to be performed in this facility** |  |  |  |
| **Will the dealing involve storage of Risk Group 2 pathogenic organisms or materials outside of an IBC Approved facilities listed above?** | [ ]  Yes [ ]  No**If yes, where?** |
|  |

| **5** | **Change of Persons Undertaking the Dealing** ***(Leave blank if personnel will not be changed)*** |
| --- | --- |
| **The IBC must assess whether the persons or categories of persons have appropriate training and experience to undertake the dealing. This includes persons beyond the persons conducting the research, such as persons involved in important, transportation and disposals of pathogenic organisms or material.** |
| **Indicate the categories of persons that will be involved with the dealing. For each relevant category, list the name and staff/student ID for persons know at the time of writing this application.****Please also note any staff or students who are no longer working on the project.** | [ ]  Hons/undergraduate students **Name, student ID** [ ]  Postgraduate students **Name, student ID** [ ]  Research staff **Name, staff ID** [ ]  Other Persons **Name, staff/student ID** [ ]  Personnel of the facilities listed on this application  |
| **Please list the training that persons involved in the project have received.**  |
|  |
| **Will the modifications require personnel (including persons who wish to join the project) to undertake vaccinations?** |  [ ]  Yes  [ ]  No |
| If Yes, please list the names of personnel who will require the vaccinations and the vaccinations required against each name. |
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| **6** | **Project Supervisor Declaration** |
| **Please initial each of the following statements to indicate that you understand your responsibilities when dealing with pathogenic organisms or materials and then sign the application form.** |
| I have read, considered and understand my responsibilities under the Gene Technology Act 2000 and agree to undertake the pathogenic organisms or materials dealing outlined in this application in accordance with the relevant Office of the Gene Technology Regulator guidelines and regulations (including, but not limited to all disposal, transport and storage). <http://www.ogtr.gov.au/>  |
| I am aware of my responsibilities in relation to ensuring that any personnel conducting this work are appropriately trained and are aware of and also follow the relevant guidelines and regulations. |
| I have considered the potential risks that the conduct of this dealing could pose to people and/or the environment and will implement appropriate actions and precautions to minimise these risks.  |
| Where a pathogenic organisms or material is received from sources outside the institution responsible for the project, I will take steps to confirm its identity. |
| In the event of an unintentional release of pathogenic organisms or materials I am aware that I must put into place the appropriate responses to contain the release and I will inform the IBC as soon as practicable of any incidents, accidents or unintentional releases involving pathogenic organisms or materials. |
| I am aware that breaches of the legislation are serious matters and that penalties could include loss of OGTR Accreditation status for the organisation, imprisonment and/or substantial fines. |
| **Project Supervisor Name** | **Project Supervisor Signature** | **Date**  / /  |

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| **7** | **Facility Manager Declaration** |
| As Facility Manager I have been informed of the nature of and risks involved with this pathogenic organisms or material dealing 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 unintentional release of pathogenic organisms or materials I am aware that I must put into place the appropriate responses to contain the release and I will inform the IBC as soon as practicable of any incidents, accidents or unintentional releases involving pathogenic organisms or materials. |
| **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 / /**  |