Swinburne Biosafety Committee

Application for biosafety clearance for use of Biohazardous materials

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| DATE RECEIVED | SBC REFERENCE NUMBER |
| *Office use only* | *Office use only* |

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| 1 | Title of project |
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| 2 | Project Supervisor *(must be a Swinburne staff member)* |
|  **Name**:        |
| **Department:**  |
| **Email** *(MUST be Swinburne staff email address)*:        |

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| 3 | Contact Person for this Application *(if different to above)* |
| **Name**:        |
| **Department:** |
| **Email** *(MUST be Swinburne email address)*:        |

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| **4** | **Personnel associated with the project**  |
| **Name**  | **Role on project** *(e.g. PhD student, Research Assistant, Biosafety Officers, Laboratory Manager, co-Chief Investigator)* |
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| 5 | Proposed work *(please tick all the boxes that apply)* |
| ☐ Handling clinical or environmental samples that are known to contain Risk Group 2 microorganisms☐ Handling clinical or environmental samples that may contain Risk Group 2 microorganisms☐ Isolation, enrichment or culture of unknown microorganisms from clinical or environmental samples  that are likely to contain Risk Group 2 microorganisms☐ Isolation or culture of a known Risk Group 2 microorganism☐ Work involving Risk Group 3 or 4 microorganisms☐ Work involving Security Sensitive Biological Agents ☐ Other *(ensure you describe in Part 7)* |
| 6 | Project Summary - briefly describe the project, including background, aims. *(This should be written in plain English)*  |
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| 7 | Project activity – the methods of the microbiological work to be conducted (e.g. culture methods, handling, transport, and disposal information, etc.) and the possible biohazard(s) or risk(s) involved?  |
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| **8** | **Provide a list of the SOPs and Risk Assessments to be used.** *(Attach all to application)* |
| **Title of SOP** | **Title of Risk Assessment** *(e.g Generic Risk Assessment for working with Risk Level II Bacteria in all Swinburne PC2**laboratories)* |
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| 9 | Facilities to be used |
| **Building** | **Room Number (s)** |
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| 10 | Biosafety Officer(s)/Lab Manager notification |
| Has/have the Biosafety Officer and/or Lab Manager responsible for the facilities where thework is to be conducted been made aware of this application and approve the use of the facility for this project?  |
| Name and signature of Biosafety Officer(s)/Lab Manager:      |

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| 11 | Project Supervisor declaration |
| I declare that:• all current and new personnel handling this agent will receive appropriate training• training records will be maintained• documented Risk Assessments will be completed as required• Standard Operating Procedures will be maintained/developed as required• facility access will be restricted to authorised personnel only• all other regulatory requirements will be met. |
| **Signature:** |