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 the  work 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:** | |