

BIOTRON BIOLOGICAL AGENTS ASSESSMENT FORM

The handling or storing of **infectious material** or **toxins** necessitates an awareness and application of **biosafety** and **biosecurity** practices among **laboratory** personnel and those who work with **pathogens**, toxins, or infected animals in **containment zones**. The **release** of human and animal pathogens and toxins from laboratories or other containment zones may pose a **risk** to public health, animal health, or both. In an effort to minimize the risks associated with infectious material or toxins the **Biotron** is required to identify and implement the application of the appropriate biosafety and bio containment principles and practices.

The following **MUST** be completed by the Principal Investigator proposing work to be completed within, or by, the Biotron.

1.0 Biological Agents Registry

Have you completed a **WESTERN UNIVERSITY BIOLOGICAL AGENTS PERMIT APPLICATION** for your organism? Yes No

2.0 Microorganisms

Does your work involve the use of biological agents? If yes, is it a known human/animal pathogen? Yes No
(Including but not limited to bacteria and other microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)

3.0 Cell Culture

Does your work involve the use of cell cultures where PHAC or CFIA containment level is required? Yes No

4.0 Use of Human Source Materials

Does your work involve the use of human materials? Yes No

5.0 Biological Toxins and Hormones

Will toxins or hormones of biological origin be used? Yes No

6.0 Insects

Does your work involve insects? If so, are you required to have a permit from the CFIA for your species? Yes No

7.0 Plants

Do you use plants? If so, are you required to have a permit from the CFIA for your species? Yes No

If you have answered "YES" to any of the above questions, then it is mandatory for you to complete the **WESTERN UNIVERSITY BIOLOGICAL AGENTS PERMIT APPLICATION**.

https://www.uwo.ca/hr/form_doc/health_safety/doc/procedures/bapa.doc

I, (please PRINT name, dept. and faculty)

have completed this form to the best of my knowledge.

Signature _____