

# 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](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 \_\_\_\_\_