

PLANT AGRICULTURE GROWTH FACILITIES
Request Form: Appendix 2 – Microorganisms & Pathogens

If your experiment contains **Microorganisms & Pathogens** you **must complete the 'Request for Growth Facility Space Use' and Appendix 2** and also submit a biohazard Permit and an SOP describing your project to Dietmar Scholz – dscholz@uoguelph.ca or Ron Dutton – rdutton@uoguelph.ca (WORD file is preferred).

Find the Biohazard Permit at https://www.uoguelph.ca/hr/system/files/BioForm%20Application%202010-amended_1.doc

Please familiarize yourself on the subject of **Containment Standards for Facilities Handling Plant Pests** which can be referenced from the CFIA at: <http://www.inspection.gc.ca/english/sci/bio/plaveg/placone.shtml>

Provide the type of access you authorize for the User(s) listed in PART A

Name: _____	Name: _____
Type of access (check one or both): <input type="checkbox"/> Normal working hours <input type="checkbox"/> evenings/weekends	Type of access (check one or both): <input type="checkbox"/> Normal working hours <input type="checkbox"/> evenings/weekends

If there are additional researchers requiring access, please provide their names and access levels here:

Name: _____	Name: _____
Type of access (check one or both): <input type="checkbox"/> Normal working hours <input type="checkbox"/> evenings/weekends	Type of access (check one or both): <input type="checkbox"/> Normal working hours <input type="checkbox"/> evenings/weekends

Nature of microorganism or pathogen(s): _____

Does the compartment need to be locked during normal working hours (check one)? yes or No
 Is the trait toxic to humans:? yes or No Does the trait have allergenic properties?
 If yes, is it (check one): (ie. Produce skin or lung hypersensitivity)
 an acute toxin mutagenic carcinogenic yes or no

Describe any special protective clothing or measures personnel are required to use or follow in handling the microorganism or pathogen:

Describe any known environmental hazards associated with the microorganism or pathogen:

Will the material be removed from the facility (check one)? yes or no

If yes, describe the procedures to contain, track and dispose of the materials:

Is the material (check one): plant plant parts seed

Loss of containment (potential hazards):

Outline any special measures necessary in the event of loss of containment, inadvertent disposal, or theft of the materials:

I have obtained a Biohazard Permit Application 2010 and agree to abide by the protocols for the safe handling of the experimental materials. I will ensure that all laboratory workers under my supervision receive training and adhere to the protocols for the safe handling, containment, storage and disposal of the experimental materials.

Faculty Name

Faculty Signature

Date

Department Approval:

Signature – Coordinator, Growth Facility

Date