

Complete this application for approval to use Biological Hazardous Substances for research purposes

**SUBMITTING YOUR APPLICATION:**

Email your completed and signed form to: [ResearchCompliance@unisa.edu.au](mailto:ResearchCompliance@unisa.edu.au)

Please use the following format in the Subject Heading in your email: **Bio Hazard Application – [SURNAME]**

*Chemical hazardous substances are defined as pathogenic, carcinogenic or teratogenic substances, or any highly toxic chemical that require special precautions to be taken in its use or storage.*

*This application is for the use of a carcinogenic, teratogenic or a highly toxic chemical including*

- Cytotoxic Drugs
- IARC Monographs Group 1&2 Carcinogens
- Heavy Metals
- Chemicals with a ChemWatch chronic or toxicity health risk rating of 4.

*Projects which propose the use of large amounts of chemicals with a relatively low toxicity (risk rating of 3 or below) should also be approved before their commencement (assessed by the Chemical Hazards Subcommittee).*

**SECTION 1: PROJECT DETAILS**

**PROJECT TITLE:** *(no more than 20 words)*

**LOCATION:** *Clearly identify which laboratories the pathogenic substance will be used in and where they are being contained*

Pathogenic Substance	Laboratory	Location of Containment

**JUSTIFICATION:** *Clearly justify why the biological pathogen is to be used. The summary should be understandable to a lay reader, and presented in clear and concise terms*

**SECTION 2: INDIVIDUALS HANDLING THE BIOLOGICALLY HAZARDOUS ORGANISM**

**INVESTIGATORS:** Academic, Research or Technical Staff

	1 <sup>st</sup> Chief Investigator		Other Investigator		Other Investigator	
Title (Mr/Ms/Dr/Prof)						
Surname						
First Name						
Current Appointment						
School/Institute						
Division						
Male/Female?	Male	Female	Male	Female	Male	Female
Email Address						

**STUDENT INVOLVEMENT:** Will any students be using the biologically hazardous organism?

<input type="checkbox"/> No
<input type="checkbox"/> Yes – <i>please attach a list of the students' names to this application</i>

**SECTION 3: DETAILS OF THE BIOLOGICALLY HAZARDOUS ORGANISM**

List the Biologically Hazardous Organisms for which the Chief Investigator is seeking approval:

Biological name and strain identification: <i>(culture collection number or similar if available)</i>	Source of organism:

Please provide a description of the pathogenicity of the organism to be used:

Provide a description of how the biologically hazardous organisms will be used? Please comment on each of the following:

Where will the experiments using Biologically Hazardous substances be conducted?

What facilities are available for the safe handling of the organisms?

What safety precautions will be taken?

Where the organisms will be stored?

Anticipated start date of project:

Period of use of the Biologically Hazardous Organisms: *(please tick)*

<input type="checkbox"/> Less than 1 week	<input type="checkbox"/> 1 – 2 years
<input type="checkbox"/> 1 – 12 weeks	<input type="checkbox"/> 3 years *
<input type="checkbox"/> More than 12 weeks (3 months)	

*\*Ethics approval can only be given for a **maximum of 3 years**. If the project is expected to take longer, you will need to submit another application before the 3 year expiry date*

Describe any preventive measures (e.g. vaccination) which will be undertaken:

How will the organisms or their products be disposed of:

- a) *During the period of the experimentation?*
- b) *After conclusion of all planned experiments?*

References relevant to the dangers or safe use of the organisms to be used:  
*(Attach separate lists if necessary, or copies of key references)*

**SECTION 4: CERTIFICATION**

Compliance with guidelines and statement of responsibility

*I certify that:*

- *I am aware of and have access to the Australian/New Zealand Standard 2243.3 (Safety in Laboratories);*
- *I will take responsible care with the use of pathogenic organisms specified in this application; and*
- *All involved staff and students will be properly instructed in the safe use and disposal of these substances.*

<i>Chief Investigator's Signature</i>	<i>Printed Name</i>	<i>Date</i>
<i>Supervisor's Signature (If applicable)</i>	<i>Printed Name</i>	<i>Date</i>
<i>Head of School/Director of Institute/Centre Signature (</i>	<i>Printed Name</i>	<i>Date</i>