**Certification of Biocontainment Facilities Application Form**

*Office use only*

**Application number:**

**Date submitted:**

This form must be used to apply for biocontainment certification of any VU facilities, as outlined in the [Biosafety - Certification of Biocontainment Facilities Procedure](https://policy.vu.edu.au/document/view.php?id=383). It must be submitted to the Institutional Biosafety Committee (IBC).

If further information or assistance is required in completing this form, please email the [Biosafety Team](mailto:ibc@vu.edu.au).

**1.** **Facility Contact/Manager**

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| --- | --- | --- | --- |
| **Name** |  | | |
| **Institute/College** |  | | |
| **Position** |  | **Campus** |  |
| **E-mail** |  | **Contact No.** |  |

**2. Facility Details**

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| --- | --- | --- | --- |
| **Room number** |  | **Building** |  |
| **Institute/College** |  | **Campus** |  |

**3. Facility Certification requirements**

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| **Facility Type** | Laboratory  Animal Facility  Other (please specify) |
| **Facility Status** | Existing Facility  New Facility |
| **Containment Type** | Internal PC2  OGTR PC1  OGTR PC2  DAFF Approved Arrangement |
| **Application type** | New certification  Re-certification, after 5 years  Re-certification, after suspension  Variation of certification  Suspension of certification  Surrender of certification  Other – please detail: |

**4. Justification**

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| Provide a clear justification of why the facility requires certification (e.g., activity type, regulated biological material being used, additional risk factors/considerations, or requirements under institutional guidelines). |
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**5. Type of activities**

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| Describe the activities that will be undertaken in the facility, including if it will be used primarily for teaching or research. |
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**6. Regulated biological material**

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| Provide details of the regulated biological material that will be used and stored in the facility. Add rows as required. Please refer to the procedure for details. | | |
| **Name** | **Risk Group Classification**  (RG1, RG2) | **GMO / biosecurity-controlled materials** |
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7**. Facility Security**

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| How will access to the facility be controlled? Provide information about the physical security of the facility (e.g., lockable door, swipe card access). |
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**8. Waste Management**

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| Provide a brief overview of how waste, including hazardous and biological materials, will be handled, stored, treated, and disposed of in the facility. Describe your waste segregation process and ensure that disposal methods comply with relevant biosafety regulations. |
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**9. Behaviours and Training**

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| Describe how appropriate user behaviours will be ensured in the facility, including the use of training to maintain safety and compliance protocols. |
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**10. Exemptions from Requirements/Conditions** (if applicable)

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| If an exemption from any specific requirement or condition is requested, please provide the following details:   * The requirement or condition from which you seek an exemption. * A clear explanation of how you will manage containment through alternative facility designs or work processes to ensure safety and compliance. * A comprehensive risk assessment that explains the potential risks involved and the measures that will be taken to mitigate these risks, ensuring that safety is not compromised. |
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**11. OGTR/DAFF Requirements**

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| If the application relates to [OGTR](https://www.ogtr.gov.au/about-ogtr/legislative-documents) or [DAFF](https://www.agriculture.gov.au/biosecurity-trade/import/arrival/arrangements) regulations, please outline how you will comply with these requirements. Include information about:   * **Annual Reporting:** Provide details on how you will meet annual reporting obligations for OGTR or DAFF. * **Ongoing Compliance:** Describe your processes for ensuring continued compliance with OGTR and DAFF regulations, including inspections, record-keeping, and training requirements. * **Documentation and Record Keeping:** Specify how you will maintain required documentation, including facility certifications, risk assessments, and any other regulatory records. |
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**12. Declarations**

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| **Head of Institute/College** | |
| **I declare that the following conditions will be met for the facility:**   * A Facility Contact/Manager will be appointed and will be responsible for the management and oversight of the facility. * All current and new personnel will receive appropriate training, before access to the facility is granted. * Facility access will be restricted to authorised personnel only. * Training records will be maintained and updated as required. * Documented Risk Assessments will be completed as necessary. * Standard Operating Procedures (SOPs) will be maintained and/or developed as required. * All equipment will be serviced and maintained in accordance with regulations or good laboratory practices. * All relevant biocontainment criteria and other regulatory requirements will be met/maintained for the facility. * Any non-compliances or other regulatory issues will be reported as soon as possible to the IBC. * Funding has been allocated to support the ongoing maintenance and operation of the facility. | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **Facility Contact/Manager** | |
| **I declare that:**   * I have been advised and accept responsibility for the role of Facility Contact/Manager. * All relevant biocontainment criteria will be met/maintained for the facility. * Any non-compliances or other regulatory issues will be reported as soon as possible to the Institute/College and the IBC. | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**IBC ASSESSMENT** *(Office use only)*

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| **Date application reviewed** |  |
| **Details of application assessment** |  |
| **Date of facility inspection/s** |  |
| **Summary of non-compliances/rectification works**  (if applicable) |  |
| **Application Outcome** |  |
| **Name of IBC Chair** |  |
| **Signature** |  |
| **Date** |  |