

APPLICATION FOR BIOSAFETY PERMIT

Principal Investigator	
Department	
Phone # :	
E-mail	

Work Location(s) and Containment Level(s)	
Building	
Room #’s	
Outdoor facilities if applicable	
Agent room storage location(s)	
Containment Level	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
Do you have a biosafety cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Biosafety cabinet Model No.	Serial No. Certification Date:
Is the work area a designated “red coded” lab ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of autoclave for sterilization purposes:	

The applicant warrants the statements contained herein and agrees that the biological material or agent(s) used shall only be used in accordance with the information provided to the Dalhousie University Biosafety Officer in the ***“Dalhousie University Biohazards Assessment”*** form.

Signature of Applicant: _____ **Date:** _____

Signature of Department Head: _____ **Date:** _____

