



Office of Biohazard, Containment and Safety  
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## Form A- AQC- Contact Information

The information provided in this checklist will help the Office of Biohazard Containment and Safety review the work objectives and program intent to determine the required Aquatic Animal Pathogen (AQC) level and provide recommendations on how to attain the desired AQC level.

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**Facility:**

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**Room(s):**

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**Postal Address:**

**Tel:**

**Fax:**

**E-mail:**

**Website:**

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### Contact Information:

**1) Facility Supervisor (main contact)**

- **Name:**
- **Title:**
- **Department:**
- **Address:**
  
- **Phone number:**
- **Fax number:**
- **E-mail:**
- **Language preference:**  English  Français
- **Other comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2) Biosafety Officer (or equivalent)**

- **Name:**
- **Title:**
- **Department:**
- **Address:**
  
- **Phone number:**
- **Fax number:**
- **E-mail:**
- **Language preference:** English / Français
- **Other comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Type of Facility:

Government (federal)

Government (provincial)

University

Hospital

Private

Other



**Modifications:**

Upgrading Existing Facility

Renovations

New Construction Site

Other

**Program Intent** (brief description of the type of work [research, diagnostic, production] and list procedures with the potential to generate aerosols) :

**Scale/Volume:** Laboratory

**Comments:**

Large Scale

**Other:**

**Pathogens:** Affecting Humans Yes  No

**Comments:**

Affecting Animals/Fish Yes  No

**List of Pathogens** (species and subtypes where applicable) :

**Use of Animals:** Yes  No

**Species and quantity :**



❖ **Internal Use Only**

**Assessment of required AQC level:**

- AQC-1**    **AQC-2**    **AQC-2 *in vivo***    **AQC-3**    **AQC-3 *in vivo***
- work with Veterinary Biologics**

**Comments:**

\_\_\_\_\_  
*Signature : Office of Biohazard Containment Safety (OBCS)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature : Aquatic Animal Health Division (AAHD)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature : Veterinary Biologics Section (VBS)*

\_\_\_\_\_  
*Date*