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Form A-CL3 - Contact Information

The information provided on this form will help establish the lead agency, either the Canadian Food Inspection Agency (CFIA) and/or the Public Health Agency of Canada (PHAC). The lead agency will be determined based on program intent and pathogen list.

Facility:					
Room(s):					
Postal Address:	Tel: Fax: E-mail: Website:				
Contact Information:					
 Facility Supervisor (main contact) Name: Title: Department: Address: 	 2) Biosafety Officer (or equivalent) Name: Title: Department: Address: 				
 Phone number: Fax number: E-mail: Language preference: English / Français Other comments: 	 Phone number: Fax number E-mail: Language preference: English / Français Other comments: 				
Signature: Date:	Signature: Date:				
Type of Facility:					
Government (federal)) O Government (provincial) O				
University	o Hospital O				
Private	e o Other o				
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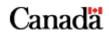


Modifications:

Upgrading Existing Facility	0	Renovations	0
New Construction Site	0	Other	0

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

Scale/Volume: Laboratory Large Scale	0 0				Comments:
Other:	U				
Pathogens: Affecting Human	s Y	es C	O No	0	Comments:
Affecting Animals/Fis	h Y	es C	O No	0	
List of Pathogens (species and	subtype	s wher	e applical	ole) :	
Use of Animals: Yes o	No	0			Species and quantity :





* I	nternal Use Only				
	Lead agency : C	CFIA PHAC	CFIA & PHAC	CFIA only	PHAC only
	gnature : CFIA Regulatory Auth	hority		Date	
Si	gnature : PHAC Regulatory Aut	thority		Date	
* L	ead Role Rationale				