



Office of Biohazard, Containment and Safety  
Science Branch  
59 Camelot Dr.  
Ottawa ON K1A 0Y9  
[biocon@inspection.gc.ca](mailto:biocon@inspection.gc.ca)  
Fax (613) 228-6129

Bureau du confinement des biorisques et de la sécurité  
Direction générale des sciences  
59, promenade Camelot  
Ottawa ON K1A 0Y9  
[biocon@inspection.gc.ca](mailto:biocon@inspection.gc.ca)  
Télé. (613) 228-6129

**Form B-PP2A - Document Submission Requirements for the Certification Performance and Verification Testing of  
Plant Pest Containment Level 2 Facilities Handling Arthropods (PPC-2A) in Accordance with the *Containment Standards for  
Facilities Handling Plant Pests, 2007, Canadian Food Inspection Agency***

Item	Required Information	Notes / Suggestions
A. Contacts	<ul style="list-style-type: none"> <li>✓ Provide name, title, fax and phone numbers of a key contact for enquiries regarding the submission contents.</li> <li>✓ Provide current contact information for the institute director, principal investigator (lab supervisor), facilities manager, and biosafety officer.</li> </ul>	
B. Program Intent	<ul style="list-style-type: none"> <li>✓ Give a brief overview of the agents to be used and procedures to be followed in the facility, as well as the general goal/purpose of the work.</li> <li>✓ Provide a list of pathogens and/or arthropods manipulated and/or stored in the facility.</li> <li>✓ A program change request must be sent to this office before any new pathogen or arthropod is introduced in the facility, and anytime changes related to the nature of the work or the procedures employed increase the risk of pest escape from the facility.</li> <li>✓ Please inform this office immediately before any significant change to the procedures.</li> </ul>	
C. Physical Layout	<ul style="list-style-type: none"> <li>✓ Provide a schematic of the facility identifying:               <ul style="list-style-type: none"> <li>● Room and door numbers</li> <li>● Purpose of each room</li> <li>● Location of exhaust and supply air ducts</li> <li>● Location of primary containment devices (e.g. BSC, etc.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Indicate the containment barrier on all drawings. Anteroom is typically considered to be outside of containment.</li> </ul>



Item	Required Information	Notes / Suggestions
<p>D. Verification &amp; Performance Testing</p> <p>1. Room Integrity</p>	<p>For each required test or verification, describe the test procedure, acceptance criteria, observations, results, pass/fail decision, names, dates, signatures, witnesses and corrective measures required. Testing must have been performed during the last two years.</p>	
<p>2. Communication Devices*</p> <p>* Although this may not be a requirement in PPC-2A facilities, if the system is in place, then testing should occur.</p>	<ul style="list-style-type: none"> <li>✓ Provide a list and a statement as to how they were verified as operational (phone, fax, radio, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>◆ List by room, either in a table or schematic or by elevation of the facility.</li> <li>◆ All seals and joints should be periodically checked by smoke pencil or other visual aid.</li> </ul>
<p>3. Self closing doors</p>	<ul style="list-style-type: none"> <li>✓ List doors equipped with self-closing mechanism.</li> <li>✓ Provide verification that self-closing devices operate as intended.</li> <li>✓ Provide verification that lights automatically switch on/off with opening/closing of doors.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Lights in anteroom must automatically switch off when either door is opened, and switch on only when both doors are closed.</li> </ul>
<p>4. Door Interlocks</p>	<ul style="list-style-type: none"> <li>✓ Indicate combination of doors which are interlocked (e.g. door A with door B, door B with door A and C).</li> <li>✓ Verify operation of doors and applicable interlocks to ensure that doors cannot be opened simultaneously.</li> <li>✓ Verify that emergency egress overrides the interlocks.</li> <li>✓ For facilities that do not have physically-interlocked doors, please confirm that procedures are in place to ensure that no critical combinations of doors can be opened simultaneously.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Provide a plan of the facility and surroundings with clearly labelled doors (i.e. each individual door is uniquely identified).</li> </ul>
<p>5. Access Control and Security Devices</p>	<ul style="list-style-type: none"> <li>✓ List access control and security devices on all entry points to the PPC-2A facility (including anterooms and emergency exits).</li> <li>✓ Provide verification that devices operate as intended.</li> <li>✓ If there is a door on the containment perimeter (e.g. equipment door, emergency exit), please indicate if that door is sealed and how access is controlled.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Verify that a correct code/card works and also that an incorrect code/card will not work.</li> </ul>



Item	Required Information	Notes / Suggestions
6. Ventilation and Inward Directional Airflow (during normal operation)	<ul style="list-style-type: none"> <li>✓ If installed, provide verification of forced-air curtain at inner anteroom door work as intended.</li> <li>✓ Provide results of visual inspection of filters/screens installed on supply and exhaust air duct for cracks, holes or wear, and verify integrity of seal around filters/screens.</li> <li>✓ Inward directional airflow to be visually demonstrated at all doors on the containment perimeter (e.g. by holding a smoke pencil, or other visual aid, at each door leading to adjacent area).</li> </ul>	<ul style="list-style-type: none"> <li>◆ Air must flow towards areas of higher containment.</li> <li>◆ Provide a labeled plan with arrows indicating the directional airflow for each door tested.</li> </ul>
7. Waste Treatment	<ul style="list-style-type: none"> <li>✓ Provide results of validation tests for each waste treatment system (using representative loads).               <ul style="list-style-type: none"> <li>● Provide the time and temperature/concentration criteria required for the decontamination of the specific agent/waste and references to supporting literature.</li> <li>● Provide a description of the different types of loads to be run and a short description of the load test procedure (e.g. laundry, solid waste, liquid waste, etc.).</li> </ul> </li> <li>✓ If used as a method of waste decontamination, autoclave must be verified for operation as specified and must be microbiologically tested using representative loads.               <ul style="list-style-type: none"> <li>● Provide the time/temperature criteria required for the specific agent/waste.</li> <li>● Provide a description of the different types of loads to be run and a short description of the load test procedure (e.g. laundry, solid waste, liquid waste, etc.).</li> <li>● Submit a time/temp chart and biological indicator test results for each load test performed. Positive control results must be included (from the same lot#).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Generally, for technologies based on heat, <i>Geobacillus stearothermophilus</i> spores are adequate and, for technologies based on chemicals, <i>Bacillus subtilis</i> spores are used.</li> <li>◆ Resistance of test organism must be representative of organisms likely to be encountered.</li> </ul>
8. Emergency Power System*  *Although this may not be a requirement in PPC-2A facilities, if the system is in place, then testing should occur.	<ul style="list-style-type: none"> <li>✓ Provide a load test report (previous monthly test report is acceptable).</li> <li>✓ Provide confirmation that all critical systems are on emergency power (including, but not limited to, HVAC, lighting, BSCs, essential equipment and other safety system, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>◆ Load testing results should verify that the emergency power system can pick up and carry the load if required. When live load testing is not possible, simulated load testing is acceptable.</li> </ul>



Item	Required Information	Notes / Suggestions
<p>9. Biological Safety Cabinets*</p> <p>* Although this may not be a requirement in PPC-2A facilities, if the system is in place, then testing should occur.</p>	<ul style="list-style-type: none"> <li>✓ Provide a list of all BSCs associated with the PPC-2A facility plus the test certificate for each.</li> <li>✓ Each BSC test certificate must contain the following information:               <ul style="list-style-type: none"> <li>● type of cabinet and type of exhaust connection;</li> <li>● standard to which the cabinet was tested and the qualifications of the tester;</li> <li>● statement as to whether the HEPA filter was scanned or probed, and the pass/fail criteria;</li> <li>● when NSF 49 is not applicable, the particle penetration given as a percentage of the upstream challenge must be provided;</li> <li>● indication of any repairs and retest results;</li> <li>● downflow and inflow (exhaust) measurements and acceptable ranges specific for the model;</li> <li>● alarm test results - airflow tests, failure alarm test; and</li> <li>● test of airflow patterns within the cabinet.</li> </ul> </li> <li>✓ Provide the calibration certificates for the equipment used for the verification.</li> </ul>	<ul style="list-style-type: none"> <li>◆ This helps ensure all BSCs are accounted for.</li> </ul>
<p>10. Control Systems*</p> <p>*Although this may not be a requirement in PPC-2A facilities, if the system is in place, then testing should occur.</p>	<ul style="list-style-type: none"> <li>✓ Provide verification that supply and exhaust air systems are interlocked to prevent sustained laboratory positive pressurization.</li> <li>✓ Submit a report for each failure scenario performed.</li> <li>✓ Failures to be simulated include:               <ul style="list-style-type: none"> <li>● exhaust fan failure;</li> <li>● supply fan failure;</li> <li>● power failure (if not possible, provide reason why); and</li> <li>● additional failures (as appropriate) for the particular facility (e.g. class II B2 BSC exhaust failure, control panel failure, etc.).</li> </ul> </li> <li>✓ For each failure, verify that:               <ul style="list-style-type: none"> <li>● room positive pressurization is prevented;</li> <li>● inward directional airflow is maintained at all critical doors (verify the airflow by smoke pencil, or other visual aid); and</li> <li>● alarms function correctly to detect loss of containment.</li> </ul> </li> <li>✓ Control system performance verification should include speed of response, accuracy, and repeatability.</li> <li>✓ Each report to contain:               <ul style="list-style-type: none"> <li>● description of the failure protocol and the control/HVAC system's expected response;</li> <li>● indication as to whether or not the system responded as expected;</li> <li>● results of verification and maintenance of inward directional airflow; and</li> <li>● alarm results.</li> </ul> </li> <li>✓ Report and describe the investigation of any system failures (e.g. reversed airflow, fan interlock failure) as well as corrective measures taken.</li> </ul>	<ul style="list-style-type: none"> <li>◆ In some circumstances brief airflow reversals (of a few seconds) may be acceptable - consult with this office.</li> <li>◆ A simple way to depict airflow results is with a labelled plan using arrows to indicate the directional airflow at each critical door tested.</li> <li>◆ Graphs and trend logs for failure scenarios are helpful and desirable.</li> </ul>



Item	Required Information	Notes / Suggestions
<p>E. Biosafety Manual</p> <p><b>Note:</b> the Biosafety Manual is a critical part of the certification documentation. Please realize that fulfilling the requirements of this section entails a substantial amount of work and detail.</p> <p>Do not leave this section until project completion.</p> <p>An example of items to be address in each SOP are:</p> <ul style="list-style-type: none"> <li>● Purpose</li> <li>● References</li> <li>● Personnel/Responsibility</li> <li>● Glossary/Definitions</li> <li>● Equipment and Material Required</li> <li>● Safety</li> <li>● Policy</li> <li>● Detailed Instructions</li> </ul> <p>Refer to the <i>Biosafety Manual Requirements Checklist for Plant Pest Containment Level 2 Facilities Handling Arthropods (PPC-2A)</i> available on our website for more details on the requirements to be included in the facility's Biosafety Manual.</p>	<ul style="list-style-type: none"> <li>✓ Roles and responsibilities</li> <li>✓ Requirements/definitions</li> <li>✓ Conditions of access               <ul style="list-style-type: none"> <li>● Orientation, security clearance.</li> </ul> </li> <li>✓ Training               <ul style="list-style-type: none"> <li>● Supervision period, demonstrated capability, regulatory (WHMIS, etc.).</li> </ul> </li> <li>✓ Entry/exit               <ul style="list-style-type: none"> <li>● Personnel (include non-routine scenarios such as emergencies and alarms), materials, equipment and waste.</li> </ul> </li> <li>✓ Personal protective equipment               <ul style="list-style-type: none"> <li>● Use, maintenance, decontamination.</li> </ul> </li> <li>✓ Transportation, handling and storage of plant pests and arthropods               <ul style="list-style-type: none"> <li>● Movement within the containment suite, inventory and access, receiving and shipping.</li> </ul> </li> <li>✓ Decontamination and disinfection               <ul style="list-style-type: none"> <li>● Disinfectant selection, use, shelf life daily procedures, special considerations.</li> </ul> </li> <li>✓ Hazardous waste management               <ul style="list-style-type: none"> <li>● Segregation, storage and package.</li> <li>● Autoclave procedures, other methods.</li> </ul> </li> <li>✓ Housekeeping</li> <li>✓ Emergency response               <ul style="list-style-type: none"> <li>● Failures (HVAC, decontamination systems, power, BSC).</li> <li>● Spills (biological – inside BSC, outside BSC, soil, outside facility).</li> <li>● Arthropod escape.</li> <li>● Medical emergency within containment.</li> <li>● Other... earthquakes, flood, etc.</li> </ul> </li> <li>✓ Incident reporting</li> </ul>	<ul style="list-style-type: none"> <li>◆ This section should be submitted in a separate binder.</li> <li>◆ The list is not exhaustive and will change depending on the facility and program.</li> <li>◆ Please feel free to contact this office for more information on the required components of an institutional biosafety program or for specific procedure requirements.</li> </ul>