



Office of Biohazard, Containment and Safety  
Science Branch  
59 Camelot Drive  
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 0Y  
[biocon@inspection.gc.ca](mailto:biocon@inspection.gc.ca)  
Télec. (613) 228-6129

### 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:

##### 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: \_\_\_\_\_

#### 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**

Lead agency :    CFIA    PHAC    CFIA & PHAC    CFIA only    PHAC only

---

*Signature : CFIA Regulatory Authority*

---

*Date*

---

*Signature : PHAC Regulatory Authority*

---

*Date*

❖ **Lead Role Rationale**