



## Form A-PP - 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 Plant Pest Containment (PPC) level and provide recommendations on how to attain the desired PPC 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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*The information you provide on this document is collected by (for) the Canadian Food Inspection Agency under the authority of Section 34 of the Plant Protection Regulations for the purpose of issuing a permit to import. Information may be accessible or protected as required under the provisions of the Access to Information Act.*



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**Type of Facility:**

Greenhouse   
Screenhouse   
Laboratory

Museum   
Zoo   
Educational Display

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**Modifications:**

Upgrading Existing Facility   
New Construction Site

Renovations   
Other

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**Program Intent** (brief description of the type of work and list procedures with the potential to generate aerosols, if applicable) :

**List of Pathogens** (use scientific name and include species and subtypes where applicable):

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**List of Arthropods** (use scientific name and include species and subtypes where applicable):

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❖ **Internal Use Only**

**Assessment of required PPC level:**

**Basic**    **PPC-1**    **PPC-2**    **PPC-2A**    **PPC-3**

**Extra requirements to consider:**

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*Signature : Ottawa Plant Laboratory Authority*

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*Date*

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*Signature : Office of Biohazard Containment & Safety Authority*

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*Date*

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