



Boston Public Health Commission

APPLICATION FOR RECOMBINANT DNA USE PERMIT

INSTRUCTIONS: No permit shall be issued until the BPHC Environmental Health Office has: (1) Received a complete permit application form; (2) Conducted an inspection verifying that the entity meets all the requirements of the BPHC Biological Laboratory Regulations (Amended on January 16, 2019); and (3) Check for permit fees.

Mail a complete permit application and all required documents and a check to:

ATTN: Biological Safety Permit Application
Environmental Health Office
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
617-534-5965

Application Date: _____

Application Type

- Small Scale Permit Application (less than 10 liters of recombinant DNA culture in a single container).
Large Scale Permit Application (equal to or greater than 10 liters of recombinant DNA culture in a single container).

Institution Information

Name: _____
Address: _____
Phone Number: _____

Entity Ownership Information

Type of Entity: Partnership Corporation Other (Specify)
Name of Owner / Chief Executive Officer: _____
Address (Office): _____
Phone Number: _____ E-mail Address: _____

Institutional Official / Institutional Biosafety Committee (IBC) Chair Information

Name: _____
Address: _____
Phone Number: _____ Email: _____



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Biosafety Officer Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

Required Documents for Permit Application

- Complete and signed application form and check for permit application fee.
- Plot plan showing the physical location of the proposed laboratory facility.
- Labeled floor plan showing internal layout of the facility, BSL areas, and access routes, and an estimate of the laboratory and waste storage floor areas (square feet).
- Summary of proposed work using recombinant DNA, with assigned biosafety level (BSL), and reference to applicable Section of the NIH Guidelines.
- Description of large-scale containment facilities and equipment.
- Biosafety Manual or Health & Safety Manual, outlining all policies and procedures for rDNA use at the biosafety levels in the facility.
- Biological Waste Management Plan outlining facility's compliance with all applicable federal, state, and local regulations (Refer to **105 CMR 480: *Minimum Requirements for the Management of Medical or Biological Waste*** (State Sanitary Code, Chapter VIII)).
- Medical Surveillance Program, as determined by the IBC, for all persons involved in the use of recombinant DNA at the facility.
- Laboratory Training Program and record for laboratory personnel using rDNA.
- Emergency Response Plan for accidental exposure or illness.
- Integrated Pest Control Program.
- List of current IBC members (include title, academic degrees, addresses and phone numbers). Designate the IBC Chair, Biosafety Officer, Community Members, and rDNA expert.
- Copy of IBC minutes (if applicable).

Applicant Statement of Consent

We, the undersigned, hereby certify that the information provided in this application is true and correct to the best of our knowledge and belief. We certify that we shall conduct the work outlined in this application in compliance with the Boston Public Health Commission's Biological Laboratory Regulations and the NIH Guidelines. We agree to allow inspections, at reasonable times, of facilities and relevant records by the BPHC.



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Owner / Chief Executive Officer Signature

Date

Owner / Chief Executive Officer Name (printed)

Institutional Official / IBC Chair Signature

Date

Institutional Official / IBC Chair Name (printed)

Biosafety Officer Signature

Date

Biosafety Officer Name (printed)