This form must be completed and accompany an application seeking approval from the Office of the Gene Technology Regulator (OGTR) for certification of a University of Adelaide facility.

The completed forms are to be sent in electronic format to the IBC Secretary at: [ibc@adelaide.edu.au](mailto:ibc@adelaide.edu.au)

### APPLICATION DETAILS

|  |  |
| --- | --- |
| 1. Facility details | Room Number(s):  Building:  Building Number:  *(refer to University maps for relevant building number)*  Campus: |
| 2. If this facility is not a University premise, in which organisation’s premises is the facility located?[[1]](#footnote-1) | Organisation: |
| 3. Which School is responsible for this facility? | School: |
| 4. Facility Manager’s details | Name:  Telephone: |
| 5. Has this facility previously been certified by the OGTR? | no  yes : previous OGTR Certification number |
| 6. Is this facility also registered/licensed by any other Statutory bodies? | Quarantine approved premise  Radiation licence  Other: |

### DECLARATIONS

**Facility Manager**

1. I have read the relevant Guidelines issued by the Office of the Gene Technology Regulator and I am aware of my responsibilities under the Gene Technology Act and Regulations.

2. I am aware of the nature of the project(s) to be undertaken in the facility and I will ensure that the work will be undertaken in accordance with legislative requirements.

3. I will ensure that all personnel conducting work in the facility are appropriately trained prior to undertaking work and are aware of and follow the relevant guidelines as appropriate.

4. I will ensure that the appropriate safety procedures are followed.

Signature – Facility Manager: ……………………………………….…. Date:…………………

**Head of School**

1. As the Senior Manager responsible for the facility, I have been informed of the nature of project(s) to be undertaken in the facility and after consideration of them, I hereby consent to the proposal for certification of this facility by the Office of the Gene Technology Regulator.

Signature – Head of School: ……………………………………..…. Date:………………..

Name (printed): ………………………….……………..……………..

1. This information assists the University of Adelaide Institutional Biosafety Committee in complying with its reporting requirements. [↑](#footnote-ref-1)