



## Application for the Certification of a Physical Containment Facility

Applicant organisation name:

Is this application accompanied by an application for a declaration that certain information be treated as **Confidential Commercial Information (CCI)**?

Yes  No

Time taken to complete this form:

Hours

Minutes

# General Instructions

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## ***Application for certification***

This application is for the certification of a facility to a specified containment level in accordance with the Biosafety (Management of Biotechnology) Regulations, 2019 (L. I 2383).

The National Biosafety Authority (NBA) needs the information you provide in this form to assist in determining whether to certify the facility. If the information you provide is incorrect or incomplete the Authority's decision about this application may be delayed or may result in the NBA not granting the certification. The NBA may require you to provide additional information. If this is necessary you will be notified of the additional information required.

If the NBA certifies the facility, the certification holder will be obliged to ensure the facility complies with the conditions of the certification.

## ***Accuracy of information***

The information you provide in this application must be true and accurate. The L. I 2383 provides for imprisonment and fines where a person gives information to the NBA that the person knows to be false or misleading.

All sections, parts and questions must be completed unless otherwise directed on the form. If the spaces provided are not sufficient to set out the requested information, you should attach additional information and clearly mark on the attachment which section, part and question the information relates to. You should also indicate against the item that there is additional information attached, noting the attachment title/number and the page number(s).

## ***Confidentiality***

If you wish to make an application for a declaration that specifies information is Confidential Business Information (CBI) for the purposes of the Regulations and corresponding, you must also complete the CBI application form available at the office of the NBA.

## ***Authorisation***

If submitting the application by post or fax, Section 4 ('Declarations' page) must be signed by a person authorised to sign on behalf of the organisation. If you are sending the application by e-mail, please either:

- attach a scanned image of Section 4, or
- if you are the person who is authorised to sign the application, include a statement in your e-mail stating that you are a person duly authorised to sign the request.

## ***Lodging the application***

The completed application form can be lodged with NBA:

- By mail to the Secretariat of National Biosafety Authority, P. O Box W.Y 669, Kwabenya, Accra; or
- By e-mail to: [info@nba.org.gh](mailto:info@nba.org.gh); or
- In person at GE-292-9606.

You are encouraged to retain a copy of your completed application.

## ***Acknowledgement of receipt***

If you have not received any communication acknowledging the receipt of your application within two weeks, please e-mail [info@nba.org.gh](mailto:info@nba.org.gh); or telephone +233 (20) 202765876.

# Section 1

## Contact Information for Application and Facility

### Question 1

**Application contact.** Please provide contact details for the person whom an NBA can contact with any queries about this application. The certification instrument and facility door signs will be sent to this person if the application is approved.

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>		
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>		
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
E-mail address:	<input type="text"/>				
Position title:	<input type="text"/>				
Organisation: (for postal delivery)	<input type="text"/>				
Postal address:	<input type="text"/>				
Postal locality: (City/Suburb/Location)	<input type="text"/>	State:	<input type="text"/>		

### Question 2

**Facility contact** (This is a person, such as a facility manager, that the NBA can contact for further information about the facility, both during the evaluation of this application and during the period of certification)

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>		
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>		
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
E-mail address:	<input type="text"/>				
Position title:	<input type="text"/>				
Organisation: (for postal delivery)	<input type="text"/>				
Postal address:	<input type="text"/>				
Postal locality: (City/Suburb/Location)	<input type="text"/>	State:	<input type="text"/>		

## Section 2

### Facility Details

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#### Question 3

##### Level and type of containment facility

Please indicate the physical containment (PC) level and facility type on the list below.

- PC1 Facility (Animal/Laboratory/Plant)
- PC1 Large Grazing Animal Facility
- PC1 Large Scale Facility

- PC2 Animal Facility
- PC2 Aquatic Facility
- PC2 Constant Temperature Room
- PC2 Invertebrate Facility
- PC2 Laboratory
- PC2 Large Scale Facility
- PC2 Plant Facility

- PC3 Animal Facility
- PC3 Invertebrate Facility
- PC3 Laboratory
- PC3 Plant Facility

- PC4 Facility

## **Question 4**

### **NBA certification**

Is this facility currently certified by the NBA under another certification number (*e.g.* is the certification held by another organisation; is it certified as both PC3 and PC2; is the area covered by another certification)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
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If YES, please indicate the NBA certification number, PC level and facility type.

NBA certification number:	<input type="text"/>
PC level & facility type: ( <i>e.g.</i> PC2 Laboratory)	<input type="text"/>

## **Question 5**

### **Facility ownership**

Does the applicant organisation own the facility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If NO, can the applicant organisation comply with certification conditions which require:

- (a) upkeep of the physical containment attributes of the facility;
- (b) maintenance and testing of fittings required by the conditions of certification; and
- (c) the capacity to exclude persons from the facility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## **Question 6**

### **Facility equipment**

Does the applicant organisation own the equipment in the facility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If NO, can the applicant organisation comply with any conditions which require testing, maintenance and operation of the containment equipment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## **Question 7**

### **Facility name and address details**

Please provide the facility details below. This information is required to assist the NBA to identify and locate the facility. The standard format for the NBA name will usually follow the following format, which generally starts from the smallest identifiable component and ends with the largest:

Room number(s); Facility title; Floor/Level; Building name/number; then any additional description of the facility which assists in the identification of location e.g. University Campus, Research Institute etc.

Example:

Rooms 102 to 110, Bacterial Culture Laboratory, Level 1, Department of Biological Sciences, University of Ghana.

Room number(s):			
Facility title: (if applicable)			
Floor/Level:			
Building name/number:			
Additional description (if any)			
Street number and name:			
Locality: (City/Suburb/Location)		State:	

## **Question 8**

### **Anteroom / Airlock required?**

Does the facility require an anteroom or airlock? (The certification guidelines relevant for the facility will indicate whether an anteroom or airlock is required.)

Yes  → Go to **Question 9**

No  → Go to **Question 10**

## **Question 9**

### **Anteroom / Airlock present?**

If the answer to Question 8 is YES, does the facility have an anteroom / airlock?

Yes  No

If YES, what is/are the room number(s) for the anteroom(s)/airlock(s)?

Room number(s):

If NO, please explain what alternative arrangements are proposed to manage any risks associated with not having an anteroom / airlock:

## **Question 10**

### **Number of entrance doors**

Doors that are used to enter and leave the facility will require an adhesive NBA door sign and, where relevant, a biohazard sticker on the non certified side of the door, to alert people that they are entering an area certified by the National Biosafety Authority. The NBA generally does not require labels on doors of rooms that can only be accessed from within the certified facility. For example, if there is a non certified room located inside a certified facility, e.g. an office, storeroom or equipment room, the NBA does not require a label on the door of the non-certified room. Emergency exits and doors that are not in use do not require a door sign.

Number of entrance doors to the facility:

## **Question 11**

### **Facility floor plan**

Please attach a floor plan or sketch of the facility. A formal floor plan is preferred but a sketch map will suffice if it shows sufficient details to enable the NBA to evaluate whether the facility has the required physical barriers. At the minimum, the floor plan should show allocated room numbers (if room numbers exist) and all doorways and doors in the facility.

If certification of a whole building, or the majority of the building, is being sought, the entire floor plan will be required. If certification is sought for one or more rooms within a larger area, the plan or sketch must show the boundary of the facility (doors and walls) as well as any adjoining corridors and their doors.

If there are any lifts, stairs or ramps between levels (inside the building), or openings into the facility or adjoining areas/corridors, they must be indicated as they may have a significant bearing on the approval of the application.

When applying for certification of facilities that require anterooms or airlocks the anteroom(s)/airlocks(s) must be clearly indicated.

In relevant PC2 facilities, if an adjoining corridor or another certified or non-certified room is proposed to perform the function of an anteroom, the floor plan must show all doors, lifts, stairs or ramps, and any other relevant details that may compromise the functioning of the corridor or room as an anteroom. Supporting information must also be supplied to indicate any risks that might arise from using the adjoining corridor or other room as the anteroom. If there is any doubt about this, it is recommended you contact the NBA to discuss your proposal prior to submitting the application.

Floor plan attached?

Yes

No



# Section 3

## Facility Inspection

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If applying for certification of a:

- PC1 Facility (Animal/Laboratory/Plant)
- PC1 Large Grazing Facility
- PC2 Animal Facility
- PC2 Aquatic Facility
- PC2 Constant Temperature Room
- PC2 Invertebrate Facility
- PC2 Laboratory
- PC2 Plant Facility

→ **Complete Section 3 Part A**

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If applying for certification of a:

- PC1 Large Scale Facility
- PC2 Large Scale Facility
- PC3 Animal Facility
- PC3 Invertebrate Facility
- PC3 Laboratory
- PC3 Plant Facility
- PC4 Facility

→ **Complete Section 3 Part B**

## Part A:

Complete this Part in applications for:

- PC1 Facility (Animal/Laboratory/Plant)
- PC1 Large Grazing Facility
- PC2 Animal Facility
- PC2 Aquatic Facility
- PC2 Constant Temperature Room
- PC2 Invertebrate Facility
- PC2 Laboratory
- PC2 Plant Facility

The facility must be inspected by a person who has acquired through training, qualifications or experience, or a combination of these, the knowledge and skill enabling that person to assess compliance with the requirements for certification of a physical containment facility. The applicant is responsible for choosing an appropriate person to do the inspection. The inspection could be conducted by, for example, an IBC member, a contractor, an independent expert, an employee, or anyone else considered by the organisation to be appropriate. The NBA does not provide any endorsement of any individuals or organisations to conduct inspections, and keeps no details of appropriate persons or organisations.

### Question 12

Has the facility been inspected by an appropriate person as outlined above?

Yes  No

### Question 13

Does the facility meet all requirements contained in the relevant certification guidelines?

Yes  No

If NO please provide details of:

- which requirements in the relevant guidelines are not met; and
- what strategies you suggest to manage any risks that may arise or reasons why it is considered that the requirement or condition is not necessary to achieve containment of the GMOs.

**Part B:**

Complete this Part in applications for:

- PC1 Large Scale Facility
- PC2 Large Scale Facility
- PC3 Animal Facility
- PC3 Invertebrate Facility
- PC3 Laboratory
- PC3 Plant Facility
- PC4 Facility

A report of the inspection must be provided to support the application for these facility types. The report must address the extent of compliance with the requirements for certification for the specific facility type/PC level being applied for. The inspection could be conducted by, for example, an IBC member, a contractor, an independent expert, an employee, a third party assessor or anyone else considered by the organisation to be appropriate. The NBA will arrange an independent inspection of the facility in addition to the applicant organisation’s inspection.

The NBA is willing to undertake joint inspections with the applicant organisation’s inspectors. Please contact the NBA well in advance of anticipated/proposed inspection dates to make arrangements for this to occur.

Inspection checklists are available on the NBA website.

Only a single checklist should be submitted even if the facility is inspected by more than one person.

Inspection Report/Checklist attached?    Yes     No

Please list here any other attachments to the application. (Please refer to the relevant guidelines for the required information/attachments).

Please provide any other information that may assist the NBA in making a decision about this application.

A large, empty rectangular box with a thin gray border, intended for the applicant to provide additional information to assist the NBA in making a decision about the application.

## Section 4

### Declarations

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#### Declaration of the organisation submitting this application

This declaration must be completed and signed by the CEO (or equivalent), or a person with the authority to sign on behalf of the organisation.

**I DECLARE THAT:**

- I am duly authorised to sign this declaration;
- the information supplied on this form and any other attachment is true and correct; and
- I am aware that the making of a false or misleading statement may be punishable by imprisonment or a fine under the Biosafety (Management of Biotechnology) Regulations, 2019 (L. I 2383).

Printed name:	<input type="text"/>	Signature:	<input type="text"/>
Job title:	<input type="text"/>	Date:	<input type="text"/>