

# FEDERAL REPUBLIC OF NIGERIA



## Application Form for the Certification of Biosafety Physical Containment Facility

**This form applies to Biosafety Level (BL) facility.**

Applicant Institution/Organisation's Name:

.....

Accreditation Number\*: .....

\* If organisation is accredited by the **National Biosafety Management Agency**

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

Yes

No

## General Instructions

### ***Application for certification***

This application is for the certification of a facility to a specified containment level in accordance with the Guidelines for the Certification of Biosafety Physical Containment Facilities. The National Biosafety Management Agency may request you to provide additional information. If this is necessary, the National Biosafety Management Agency will notify you in writing of the additional information required. If the spaces provided are not sufficient to set out the requested information, you should attach a separate sheet for 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).

### ***Accuracy of information***

Please answer all questions unless otherwise indicated. Please check that the information provided in this application is accurate. There are penalties where a person gives information that he/she knows to be false or misleading under the NBMA Act 2015, (As amended) and other corresponding laws of the Federal Republic of Nigeria.

### ***Confidentiality***

If you wish to make an application for a declaration that specific information is Confidential Commercial Information (CCI) for the purposes of the Act, you must so specify in the application.

### **Authorisation**

Please ensure that if you are completing this application on behalf of your organisation, you should hold the proper authority to submit this application on behalf of the organisation.

This form upon completion, should be forwarded to the **Director General/CEO, National Biosafety Management Agency, National Parks Service, Umaru Musa Yar'ardua expressway, Airport Road-Abuja** on completion.

## **Section 1:**

### **Application Contact Details**

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#### **Contact for this application**

(Details of the person the **National Biosafety Management Agency**, can contact regarding this application)

Surname:	<input type="text"/>	first name:	<input type="text"/>
title: (eg Ms/Mr/Dr)	<input type="text"/>	Rank/Designation:	<input type="text"/>
Phone number:	<input type="text"/>	:	<input type="text"/>
:	<input type="text"/>	E-mail address:	<input type="text"/>
Street number and name:	<input type="text"/>		
Town/City:	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Postal address: (if different)	<input type="text"/>		

### **Applicant Institutional/Organisation type**

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#### **Status/type of Institution/Organisation**

Please indicate below the legal entity type of the applicant organisation eg. university, , research body, corporate body .

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## **Section 2:**

### **Facility Details**

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#### **Level and type of containment facility**

Please choose one containment level and one facility type from either of the following lists.

PC1	<input type="checkbox"/>	(Laboratory/Plant/Animal) Facility	<input type="checkbox"/>
		Green house Facility	<input type="checkbox"/>
		Large Scale Facility	<input type="checkbox"/>

OR

PC2	<input type="checkbox"/>	Animal/Fish Facility	<input type="checkbox"/>
		Plan facility	<input type="checkbox"/>
PC3	<input type="checkbox"/>	Aquatic Organism Facility	<input type="checkbox"/>
PC4	<input type="checkbox"/>	Arthropod Facility	<input type="checkbox"/>
		Constant Temperature Room	<input type="checkbox"/>
		Laboratory	<input type="checkbox"/>
		Large Scale Facility (PC2 only)	<input type="checkbox"/>
		Plant Facility	<input type="checkbox"/>

**National Biosafety Management Agency Certification**

Is this facility currently certified by the **National Biosafety Management Agency** under another certification number?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
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If Yes, please indicate the Certification number and facility type and PC level:

Certification number:	<input type="text"/>
Facility type and PC level: (eg PC2 Laboratory)	<input type="text"/>

Is this facility approved by any other Government Agency in Nigeria ?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please indicate the Name of the Agency and the approval number

Name of Agency:	<input type="text"/>
approval number:	<input type="text"/>

**Facility name and address details**

*Please be specific as the facility name will appear on the Certification instrument, along with the room number/s and organisation name.*

Room number/s:

Town/City:

State:

Postcode:

### Facility contact person

*This is the person, such as the Facility Manager, that the **National Biosafety Management Agency** can contact for further information about the facility, both during the evaluation of this application and during the period of certification.*

Surname:

first name:

title:

(eg Ms/Mr/Dr)

Rank/Designation:

Phone number:

:

:

E-mail address:

Building name:  
(if applicable)

Street number and name:  
(if different from org. address)

Town/City:

State:

Postcode:

Country:

Postal address:  
(if different from above)

### Facility ownership

Does the applicant own the facility?

Yes

No

If "No", can the applicant comply with any conditions which require:

(a) upkeep of the physical containment attributes of the facility?:

Yes

No

(b) upkeep of fittings required by the conditions certification?:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(c) the capacity to exclude persons from the facility?:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### Facility equipment

Does the applicant own the equipment in the facility?

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### Facility diagram

Please attach a floor-plan or sketch of the facility. A formal floor plan is preferred but a sketch map will suffice. At the minimum, the floor plan should show all doorways and doors in the facility, and the area surrounding 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 or stairs in 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 (arthropod, animal and plant facilities, PC3/PC4 laboratories) the anteroom(s) must be clearly indicated. 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, and any other relevant details that may compromise the functioning of the corridor or room as an anteroom.

Attachment \_\_\_\_\_

## Section 3:

# Organisation Inspection Declaration/Checklist

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The facility must be inspected by a person who has acquired thorough 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 Institution/organisation may choose to use the services of an IBC member, a contractor or an independent expert, an employee or someone else.

### **Applications for certification of a PC1 or PC2 facility**

After inspection is complete, the person with the authority to sign on behalf of the applicant Institution /organisation must confirm the following:

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

Yes

No

Does the facility meet all requirements contained in the relevant PC1 or PC2 guidelines ?

Yes

No

If "no" please advise:

- in what way does the facility fail to comply with the relevant guidelines; and
- what strategies you suggest to enable certification of the facility

*Note: A copy of the inspection checklist should be forwarded to the **National Biosafety Management Agency***

### **Applications for certification of a PC1/PC2 Large Scale Facility or any PC3 or 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. **National Biosafety Management Agency**, will arrange an independent inspection of the facility in addition to the Institution/organisation's inspection.

**Note:** The **National Biosafety Management Agency** is willing to undertake joint inspections with the Institution/organisations inspectors . Please contact the

**National Biosafety Management Agency** at least 7 working days in advance of anticipated/proposed inspection dates to make arrangements for this to occur. Only a single checklist should be used even if the facility is inspected by more than one person.

Inspection Report/Checklist is attached \_\_\_\_\_

**Attachments:**

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Is there any other information that may assist the **National Biosafety Management Agency**, in making a decision about this application?

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**Section 4:**

**Declarations**

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**Declaration of the Institution/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 under the corresponding laws of the Federal Republic of Nigeria.

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Printed name:	<input type="text"/>	Signature:	<input type="text"/>
Rank/Designation:	<input type="text"/>	Date:	<input type="text"/>

