**University Occupational Health and Safety Form**

**NOTIFICATION OF INTENTION TO USE SCHEDULE 5 PATHOGENS AND TOXINS**

Before completing this form, please read the University’s [Guidance Note on Working with Schedule 5 Pathogens and Toxins](https://www.strath.ac.uk/media/ps/safetyservices/campusonly/standards/biosafety/Working_with_Schedule_5_pathogens_and_toxins.pdf).

This form must be completedprior to acquisition, possession, use or disposal of any of the pathogens or toxins listed in [Schedule 5 of the Anti-Terrorism, Crime and Security Act 2001](http://www.legislation.gov.uk/ukpga/2001/24/pdfs/ukpga_20010024_en.pdf) and thereafter upon request (e.g. during the annual returns declaration where in possession of relevant material; during audit or inspection). Upon destruction of the Schedule 5 pathogen or toxin, Part 3 of this form must be completed.

Forms should be returned to SHaW with a copy retained by the Principal Investigator, and a copy sent to the Departmental Biological Safety Co-ordinator and Departmental Safety Co-ordinator.

|  |
| --- |
| **1.1 Principal Investigator details**  |
| **Title:** | **Forename:** | **Surname:** |
| **E-mail:** |
| **Department/Building/Room number:** |

|  |
| --- |
| **1.2 Departmental Biological Safety Co-ordinator details**  |
| **Title:** | **Forename:** | **Surname:** |
| **E-mail:** |

|  |
| --- |
| **1.3 Departmental Safety Co-ordinator details**  |
| **Title:** | **Forename:** | **Surname:** |
| **E-mail:** |

[ ]  I have read and understood the [Guidance Note on Working with Schedule 5 Pathogens and Toxins](https://www.strath.ac.uk/media/ps/safetyservices/campusonly/standards/biosafety/Working_with_Schedule_5_pathogens_and_toxins.pdf), and confirm that:

* The work activity has been fully risk assessed (general and COSHH).
* There are adequate arrangements in place to safely handle, store, transport and dispose of the relevant material.
* The relevant material will be securely stored and access will be restricted.
* A log book will be maintained, detailing use and disposals.
* Disposals of relevant material will be witnessed and documented.

|  |  |
| --- | --- |
| **2.0 Schedule 5 Materials Declaration** |  |
| **Material**  | **Quantity** | **Location where stored and used** | **Source** | **Date of Acquisition** |
| *Name of pathogen/toxin* |  | *Department, building, room number* | *E.g. Country of origin, company name, institution* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **3.0 Witnessed Destruction**  |
| **Material**  | **Quantity** | **Location of destruction** | **Witness 1** | **Witness 2** | **Date of destruction** |
| *Name of pathogen/toxin* |  | *Department, building, room number* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Upon completion of this form:**

Please provide a copy of the completed form to your Department Biological Safety Co-ordinator, Departmental Safety Convenor, and the University Biological Safety Adviser at biosafety@strath.ac.uk.