gapiii cONTAINMENT CERTIFICATION

APPLICATION FORM

Application date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for:** | | | | | | | | | | | | | | | | | |
|  | | **Certificate of Participation** | | |  | | | **Interim Certificate of Containment** | | | |  | | | **Certificate of Containment** | | |
| **Certification activities:** | | | | | | | | | | | | | | | | | |
|  | **Initial CP application** | |  | **CP reapplication** | |  | **Gap assessment** | | |  | **Initial certification** | |  | **Certification renewal** | |  | **Certificate validity extension** |
| **ORGANIZATION INFORMATION** | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Address: | | | | | | | | |
| Facility type (eg. vaccine production, research, diagnostic, QC, storage, etc.):: | | | | | | | | | Type of work performed (e.g. bulk production, QC testing, research, animal work, etc.):: | | | | | | | | |
| Total number of staff: | | | | | | | | | No. of shifts: | | | | | | | | |
| Full time (FT) : | | | | | | | | | Shift time/no. of staff during shift: | | | | | | | | |
| Part time (PT): | | | | | | | | |  | | | | | | | | |
| Seasonal (SE): | | | | | | | | |  | | | | | | | | |
| Contact person, NAME: | | | | | | | | | Contact person, TELEPHONE: | | | | | | | | |
| Contact person, POSITION: | | | | | | | | | Contact person, EMAIL: | | | | | | | | |
| Chief Executive Officer, NAME: | | | | | | | | | Chief Executive Officer, TELEPHONE/ EMAIL: | | | | | | | | |

**If the organization has other facilities off-site, please complete the following table:**

| **No. of facility off-sites:** |  | | |
| --- | --- | --- | --- |
| **Site location** | **Type of work performed** | **No. of staff (FT/PT/SE)** | **Shift time/staff no. during shift** |
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| **INVOICING INFORMATION** | | |
| Contact person: | Contact no.: | Email: |
| Address (if different from above): | | |

The need/rationale for retaining poliovirus materials post-eradication:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Cease work and storage | | Expected date of completion: | | | |  | |
| Actions taken for retained poliovirus samples before CP expiry or ICC/CC issuance: | | | | | | | | |
|  | Destroyed | Expected date of destruction: | |  | | Means of destruction: |  | |
|  | Transferred to containment within an alternative PEF: | | | Transfer to: | |  | Transfer date: |  |
|  | Manipulated or stored as part of an ongoing programme of work | | | | | | | |
| Actions taken for retained poliovirus samples before CP expiry or ICC/CC issuance: | | | | | | | | |
|  | Applied for ICC/CC | Expected date of ICC/CC achievement: | |  | | | Submission of time-bound action plan: | YES  NO |
|  | Held in secure storage | | | Location: |  | | Storage conditions: |  |
|  | Used for other activities | Specify activities: | |  | | | | |

FOR REAPPLICATION:

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| Summary of additional information or justification provided: |

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FOR APPLICATION OF EXTENSION:

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| Justification for request of extension: |

DECLARATION (facility)

We declare that the information given in this form is, to the best of our knowledge, complete and correct. We understand that any willful mis-statement would render us liable to disqualification from the CCS if engaged.

|  |  |
| --- | --- |
| Acknowledged by:  Name:  Position:  Date: | Witnessed by:  Name:  Position:  Date: |

For official use only

|  |  |  |
| --- | --- | --- |
| **APPLICATION PROCESSED BY THE NAC** | | |
| Name: | Country/Dept.: | Contact No./Email: |
| Date processed: | Certificate validity: | |
| Comments: | | |
| **Status of Review – Initial Application/ Reapplication/ Application for extension**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Accepted** |  | **Rejected** |  | **Pending** | | | |
| **Supporting documents for submission to GCC include:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Evidence for secondary & tertiary safeguards fulfilment** |  | **Overview of proposed evaluation and monitoring activities** |  | **Contract/agreement** |  | |  | **Risk assessment** |  | **Document review report** |  | **Audit report** |  | |  | **Corrective action plan** |  | **Others (Please specify):** |  |  | | | |

DECLARATION (NAC)

We declare that the information given in this form is to the best of our knowledge, complete and correct.

|  |  |
| --- | --- |
| Acknowledged by:  Name:  Position:  Date: | Witnessed by:  Name:  Position:  Date: |

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| --- | --- | --- |
| **APPLICATION PROCESSED BY GCC** | | |
| Name: | Unit.: | Contact No./ Email: |
| Date Processed: | **NAC fulfilled**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Secondary safeguards** |  | **Tertiary safeguards** |  |  | | |
| Comments: | | |
| **Status of Review – Initial Application/ Reapplication/ Application for extension**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Accepted** |  | **Rejected** |  | **Pending** | | | |

|  |  |
| --- | --- |
| Acknowledged by:  Name:  Position:  Date: | Witnessed by:  Name:  Position:  Date: |