gapiii cONTAINMENT CERTIFICATION

APPLICATION FORM

Application date:

**Retention of (check all that apply):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | WPV1  | [ ]  | VDPV1 | [ ]  | monovalent OPV1 | [ ]  | **bivalent OPV (1 & 3)** | [ ]  | Sabin1 |
| [ ]  | WPV2  | [ ]  | VDPV2 | [ ]  | monovalent OPV2 | [ ]  | **trivalent OPV (1, 2 & 3)** | [ ]  | Sabin2 |
| [ ]  | WPV3  | [ ]  | VDPV3 | [ ]  | monovalent OPV3 |  |  | [ ]  | Sabin3 |
| [ ]  | Other, please specify: |  |

|  |
| --- |
| **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: | Type of work performed: |
| 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **INVOICING INFORMATION** |
| Contact person: | Contact no.: | Email: |
| Address (if different from above): |

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Cease work | 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 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:

|  |
| --- |
| Summary of additional information or justification provided: |

¨

FOR APPLICATION OF EXTENSION:

|  |
| --- |
| 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:  |

|  |
| --- |
| **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:  |