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| Note: This form is provided in MS Word format for easier use. Space provided, if insufficient, may be expanded or additional sheets added, as needed. Please do not change or alter the questions or clarifications requested.  | Document request forMplease provide all responses and documents in english |

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| Document request date[[1]](#footnote-1):(DD-MM-YYYY) |       | Document submission deadline[[2]](#footnote-2): (DD-MM-YYYY) |       |

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| 1. Poliovirus-essential Facility (PEF) Organization information
 |
| Full name of the organization or facility:       |
| Focal person(s) at the organization or facility if there is a need for correspondence related to this request:  |
| Name:      Organizational or facility designation:      E-mail ID:       | Name:      Organizational or facility designation:      E-mail ID:       |

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| 1. National Authority for Containment (NAC) information
 |
| Name of NAC and country:       |
| Focal person(s) at the NAC if there is a need for correspondence related to this request:  |
| Name:      Organizational or facility designation:      E-mail ID:       | Name:      Organizational or facility designation:      E-mail ID:       |

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| 1. Audit-related information
 |
| Focal person(s) in the audit team if there is a need for correspondence related to this request:  |
| Name:      Deisignation in audit team:      E-mail ID:       | Name:      Organizational or facility designation:      E-mail ID:       |
| Date of audit:  |
| Audit start date (DD-MM-YYYY):       | Audit end date (DD-MM-YYYY):       |

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| 1. Document request form for:
 |
| [ ]  | Interim Certificate of Containment  | Please select: |
| [ ]  | Gap assessment  |
| [ ]  | Initial audit |
| [ ]  | Periodic audit (Year 1) |
| [ ]  | Periodic audit (Year 2) |
| [ ]  | Others: (please specify)       |
| [ ]  | Certificate of Containment | Please select:  |
| [ ]  | Gap assessment  |
| [ ]  | Initial audit |
| [ ]  | Periodic audit (Year 1) |
| [ ]  | Periodic audit (Year 2) |
| [ ]  | Recertification audit  |
| [ ]  | Others: (please specify)       |
| [ ]  | Others: (please specify)       |

| 1. List of documents for review on commencement of the audit[[3]](#footnote-3): (The documents shown below in italics should be received at least 20 days prior to the audit start date)
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| Document Requested | Document | Document Submitted | Date received(DD-MM-YYYY) |
| [ ]  | *Organization chart outlining biorisk management-related roles and responsibilities* | [ ]  |  |
| [ ]  | *Register of applicable laws, standards and guidelines* | [ ]  |  |
| [ ]  | *Biosafety/biosecurity manuals and asssociated plans* | [ ]  |  |
| [ ]  | *Accident/incident reports relevant to poliovirus containment* | [ ]  |  |
| [ ]  | *List of contracted services, companies and individuals* | [ ]  |  |
| [ ]  | *Risk Assessments – Emergency preparedness* | [ ]  |  |
| [ ]  | *Risk Assessments – Procedural controls* | [ ]  |  |
| [ ]  | *Risk Assessments – Design and operation of plant and equipment* | [ ]  |  |
| [ ]  | *Risk Assessments – Decontamination measures* | [ ]  |  |
| [ ]  | *Risk Assessments – Security measures* | [ ]  |  |
| [ ]  | *Map/floor plan, including any relevant support areas (e.g. plant rooms, storage areas, waste handling/storage locations)* | [ ]  |  |
| [ ]  | Minutes of the biosafety committee for the last 12 months | [ ]  |  |
| [ ]  | Biorisk management policies and procedures reflecting the 16 elements within GAPIII | [ ]  |  |
| [ ]  | Internal audit plans and findings from the previous year | [ ]  |  |
| [ ]  | Training plans and competency assessments reflecting biorisk management-related activities | [ ]  |  |
| [ ]  | Emergency plans and records of exercises | [ ]  |  |
| [ ]  | Inventories of poliovirus and related materials (e.g., cultures, waste) | [ ]  |  |
| [ ]  | Equipment lists/asset registers | [ ]  |  |
| [ ]  | Facility/equipment certification records | [ ]  |  |
| [ ]  | Data demonstrating building performance (e.g., air flow measurements, performance of autoclaves/effluent treatment plants) | [ ]  |  |
| [ ]  | Building design/commissioning plans | [ ]  |  |
| [ ]  | Others: (please specify)       | [ ]  |  |
| [ ]  | Others: (please specify)       | [ ]  |  |
| [ ]  | Others: (please specify)       | [ ]  |  |
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| [ ]  | Others: (please specify)       | [ ]  |  |
| [ ]  | Others: (please specify)       | [ ]  |  |
| Please add additional rows, as needed |

1. The Document Request Form should be completed 30 days prior to the audit start date to facilitate collection and delivery of required documents [↑](#footnote-ref-1)
2. The documents are to be delivered to the audit team leader or to the focal person(s) in the audit team, indicated in Section C of this form, at least 20 days prior to the audit start date [↑](#footnote-ref-2)
3. Entries in italics should be received at least 20 days prior to the audit start date. These documents are to be delivered to the audit team leader or to the focal person(s) in the audit team as indicated in Section C of this form. [↑](#footnote-ref-3)