|  |  |
| --- | --- |
| **Amendment or Renewal Questionnaire** |  |
| **Biohazard Use Authorization** |  |

Use this form for your annual BUA renewal or if you need to amend your BUA. Attach documentation as needed for your request. Note: This is a fill-in Word form you can fill out on your screen.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | |  |
| Requestor Name |  | BUA# to be amended/renewed | |  | Date |
|  |  |  |  | |  |
|  |  |  |  | |  |
| Email Address |  | Contact Telephone |  | | Office Location |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Are there changes in the location(s) where the work will be conducted? | Yes  No | Attach details if you need more space |
| 2. | Are there changes in biological materials used? | Yes  No | Attach updated Attachment 1 – RG-2 |
| 3. | Do the changes involve recombinant or synthetic nucleic acid molecules? | Yes  No | Attach updated Attachment 2 - RSNA |
| 4. | Do the changes involve additional hazards, like  new equipment type or handling procedures? | Yes  No | Attach new SOPs Attachment 3 -SOPs |

If you checked YES to any of the above questions, briefly describe the amendments you wish to make to your approved BUA.

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5. Are you adding or deleting personnel? | | Yes  No | | If yes, record them below. | | |
| First Name Last Name | SFSU ID | | SFSU Email Address | | New | Leaving |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |
|  |  | |  | |  |  |

Note: If the only change is to the personnel in your group, you will not be assigned a BUA amendment number.

**RENEWAL**  **Annual RENEWAL of the current BUA is approved.**

**AMENDMENT**  **The BUA is approved as amended.**

**This is a MAJOR amendment. A new BUA is required.**

BSC Chair       Date Signed

EH&S Rep       Date Signed