



NOTIFICATION OF PROHIBITION OF ACCESS BY A LICENCE HOLDER FORM

SEE INSTRUCTIONS ON PAGE THREE

PRIVACY NOTICE

The information on this form is required for the purpose of administering the *Human Pathogens and Toxins Act* (HPTA) Security Clearance program. It is collected under the authority of section 32 of the HPTA and section 7 of the *Human Pathogens and Toxins Regulations* (HPTR), where a licence holder must inform the Minister of Health when a decision is made to prohibit a holder of an HPTA Security Clearance from having access to the facility or part(s) of the facility to which the HPTA Security Clearance applies. Licence holders must provide the reasons for this decision, in writing, and without delay. The information on this form is protected by the provisions of the Privacy Act. Its collection is mandatory. The information collected by the Public Health Agency of Canada (PHAC) and Health Canada (HC) may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigations in accordance with the HPTA Security Clearance and to entities outside the federal government (e.g. credit bureaus). It is used in the context of updating, and/or reviewing for cause, an individual's eligibility to hold an HPTA Security Clearance, which may lead to a re-assessment of that individual's HPTA Security Clearance. Information collected by PHAC and HC, and information gathered from the requisite checks and/or investigations may be used to support decisions, which may impact the eligibility to hold an HPTA Security Clearance.

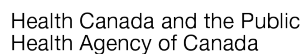
In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act. The information will be retained for at least 10 years after the day on which the information is collected, and must be provided to the Minister of Health on request. Instructions for obtaining your personal information are provided in Info Source, a copy of which is available in major public and academic libraries or on line at <http://www.infosource.gc.ca>. Refer to the personal information bank PHAC PPU 306 (Personnel Security Screening). The Privacy Act gives you the right to request access to and correct your personal information. For more information about these rights, or about our privacy practices, please contact the Public Health Agency of Canada's Privacy Management Division at 613-954-9165 or Privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If not completed electronically, please write in block letters using black ink.

A	ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)
Date received	

B	HPTA SECURITY CLEARANCE HOLDER INFORMATION (Individual whose access has been prohibited)			
1. Surname, Given Name of HPTA Security Clearance holder	2. Job Title	3. Date of birth		
	4. HPTA Security Clearance File Number	Year YYYY	Month MM	Day DD

C	LICENCE HOLDER AND ORGANIZATION INFORMATION AND AUTHORIZATION			
1. Organization	3. Surname, Given Name of licence holder		4. Job Title	
2. Licence No.			5. Work Telephone	
6. Prohibited access area/Containment zone				
(a) Building Name	(b) Address Line	(c) City	(d) Room(s)	
7. Prohibited access area/Containment zone (only complete 7-9 if there are multiple containment zones)				
(a) Building Name	(b) Address Line	(c) City	(d) Room(s)	



Santé Canada et l'Agence
de la santé publique du Canada

PROTECTED (When completed)

[illegible]



Instructions for Completion of the Notification of Prohibition of Access by a Licence Holder Form

GENERAL INSTRUCTIONS:

- This form is to be completed using an automated system or printed in block letter format using black ink.
- Please read and follow these instructions carefully.
- It is important that a copy of the completed form be retained by the licence holder for future reference.
- Incomplete or illegible forms will NOT be considered and will be sent back for clarification..
- All names are to be provided in full (no initials).
- Once completed, this application form will be handled as PROTECTED B information.

DETAILED INSTRUCTIONS:

SECTION A: Administrative Information

- To be completed by the department, agency, or organization.

SECTION B: HPTA Security Clearance Holder Information

- To be completed by the organization's licence holder regarding the HPTA Security Clearance holder individual.

SECTION C: Licence Holder and Organization Information and Authorization

- To be completed, signed and dated by the licence holder.

- 2. "Licence No." – Complete this field as follows:

- If your organization has been issued a licence application number, indicate, or
- If your organization has been issued a licence number, indicate, or
- If your organization has yet to be issued either of the above numbers, indicate N/A.

- 6-9. "Prohibited access area/Containment zone" (if insufficient space, attach a separate piece of paper using similar formatting)

- Indicate all prohibited access area(s)/containment zone(s) applicable for the HPTA Security Clearance holder in question.

As defined in the Canadian Biosafety Standard, a "**containment zone**" refers to a physical area that meets the requirements for a specified containment level. A containment zone can be a single room (e.g., containment level 2 [CL2] laboratory), a series of co-located rooms (e.g., several non-adjoining but lockable CL2 laboratory work areas), or it can be comprised of several adjoining rooms (e.g., CL3 suite comprised of dedicated laboratory areas and separate animal rooms/cubicles). Dedicated support areas, including anterooms (including showers and "clean" and "dirty" change areas, where required) are considered to be part of the containment zone.

- 10. Indicate reason(s) for prohibiting access. Attach a separate piece of paper if additional space is required.

Reasons for prohibiting access include administrative changes (e.g. the individual has completed work in a specific containment zone and no longer requires access, or the individual is no longer employed at the organization and therefore no longer requires access to its containment zones). Other examples of reasons for prohibiting access include significant changes in behaviour, attitudes, demeanor, or actions (e.g. increasingly withdrawn, significant and prolonged deterioration in appearance, unjustified anger or aggression, signs of alcohol/drug abuse, criminal activity, and unexplained absences), stated or implied threats to colleagues, institutions, the security of assets, the well-being of animals, or the general public, wilful non-compliance with applicable legislation and the *Canadian Biosafety Standard* (CBS), information that causes an individual to have concerns about their ability to perform a job safely and securely, circumstances that appear suspicious (e.g. laboratory work that does not correspond to official project work, unjustified requests for security or laboratory information, acts of vandalism or property damage, attempts to enable



friends or colleagues to gain unauthorized access to parts of a facility), and unauthorized work performed by an individual(s) in a facility during off-hours.

Send completed forms to:

PHAC.HPTA.Screening-LAPHT.filtrage.ASPC@hc-sc.gc.ca

OR

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Ottawa, ON
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