



# MINISTRY OF HEALTH SINGAPORE

## Healthcare Application and Licensing Portal (HALP) Internet User Guide – Facility

Reference ID :

Version Number : 1.1 Part 2.1

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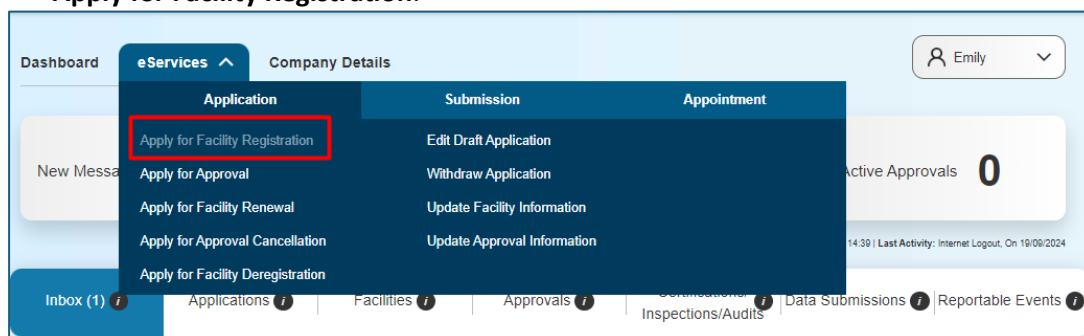
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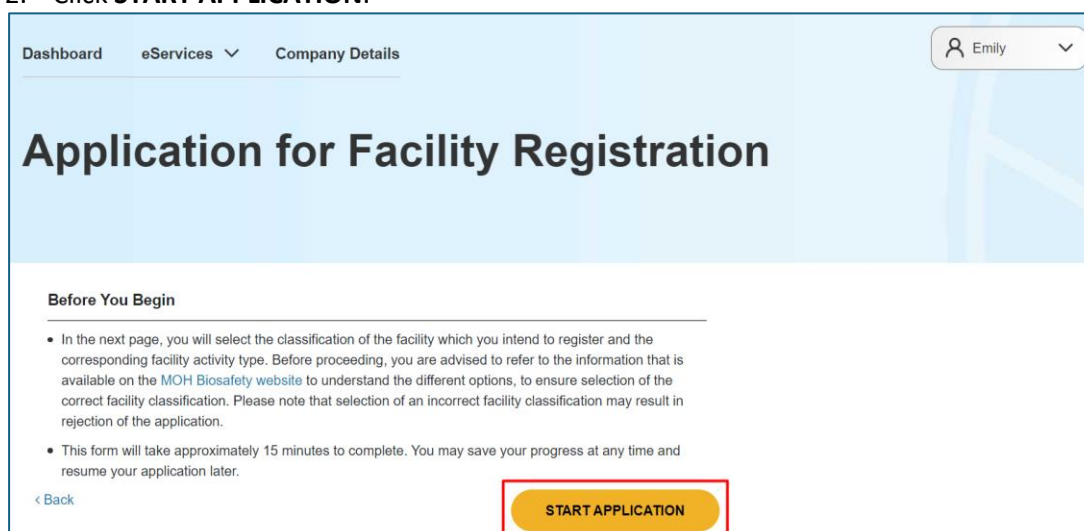
## 1. APPLY FOR NEW FACILITY REGISTRATION

This section describes the steps to apply for a new facility registration. A draft of the application can be saved while filling in the registration form. Refer to [Section 2 for the steps to retrieve and resume working on a saved draft](#).

1. From the **Dashboard**, hover over **eServices**, hover over the **Application** menu and click **Apply for Facility Registration**.



2. Click **START APPLICATION**.



3. The system will redirect to the **New Facility Registration** page. From here onwards, the steps may differ depending on the Facility Classification selected. Refer to the relevant section for specific steps based on the Facility Classification and Facility Activity Type selection:
- a. [Certified High Containment \(BSL-3\) Facility \(CHCF\)](#)
  - b. [Certified Maximum Containment \(BSL-4\) Facility \(CMCF\)](#)
  - c. [Uncertified Facility \(UCF\)](#)
  - d. [Biomanufacturing \(Large-Scale Production\) Facility \(BMF\)](#)
  - e. Registered Facility (RF)
    - i. [Handling Fifth Schedule Toxins for Exempted Purposes](#)
    - ii. [Handling Poliovirus Potentially Infectious Materials](#)

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

Facility Classification

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

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## 1.1. NEW FACILITY REGISTRATION – CERTIFIED HIGH CONTAINMENT (BSL-3) FACILITY (CHCF)

1. Select **Certified High Containment (BSL-3) Facility** for **Facility Classification**.

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

Facility Classification

☒ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

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CONTINUE

2. Once **Certified High Containment (BSL-3) Facility** has been selected, a list of **Facility Activity Type** will be displayed. Select the desired **Facility Activity Type(s)** and click **CONTINUE**.

*Note: The facility activity type **Possession of First and/or Second Schedule Biological Agent** is selected by default.*

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

Facility Classification

☒ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

Facility Activity Type

☒ Possession of First and/or Second Schedule Biological Agent

☐ Possession of Fifth Schedule Toxin

☐ Large-Scale Production of First and/or Third Schedule Biological Agent

☐ Handling of non-First Schedule Poliovirus Infectious Materials

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CONTINUE

### 1.1.1. Stage 1: Company Information

1. The system will redirect to the **Company Information** page of the **New Facility Registration for Certified High Containment (BSL-3) Facility**. Verify that the information displayed are correct before proceeding. Click **SAVE AS DRAFT** at any point to save progress. Refer to [Section 2](#) for the steps to retrieve and resume working on the saved draft. Click **NEXT** to proceed.

## New Facility Registration

You are applying for Certified High Containment (BSL-3) Facility with facility activity type:  
Possession of First and/or Second Schedule Biological Agent

1  
Company Information

2  
Facility Information

3  
Other Application Information

4  
Supporting Documents

5  
Approved Facility Certifier

6  
Preview & Submit

### Company Profile

|                  |                    |
|------------------|--------------------|
| UEN              | 528926652D         |
| Company Name     | Riro FA            |
| Postal Code      | 117438             |
| Address Type     | Apt Blok           |
| Block / House No | 10                 |
| Floor No.        | 10                 |
| Unit No.         | 01                 |
| Street Name      | Pasir Panjang Road |

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SAVE AS DRAFT

NEXT

## 1.1.2. Stage 2: Facility Information

### 1.1.2.1. Stage 2.1: Facility Profile

1. The system will redirect to the **Facility Information** page. Fill in all **mandatory** fields for **Facility Profile**. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

### Facility Profile

Facility Name \*

Type of Facility \*

Is the Facility address the same as the company address? \*

☐ Yes☐ No

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NEXT

2. Under **Facility Profile**, enter the **Facility Name**.

Facility Name \*

3. **Select the Type of Facility.**

Type of Facility \*

Is the Facility address the same as the company address? \*

Please Select

Please Select

Academic

Clinical Research

Commercial

Government/Stat Board

Others

4. If **Others** was selected for the **Type of Facility**, enter the **Details of type of Facility**.

|                               |        |
|-------------------------------|--------|
| Type of Facility *            | Others |
| Details of type of Facility * |        |

5. Select **Yes** or **No** to indicate whether the **Facility address** is the same as the company address.

|                                                            |                           |                          |
|------------------------------------------------------------|---------------------------|--------------------------|
| Is the Facility address the same as the company address? * | <input type="radio"/> Yes | <input type="radio"/> No |
|------------------------------------------------------------|---------------------------|--------------------------|

6. If **Yes** was selected for “**Is the Facility address the same as the company address?**”, **Facility address** will be auto-filled in.

|                                                                                                                          |                         |                                      |                          |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------|--------------------------|
| Is the Facility address the same as the company address? *                                                               |                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Postal Code *                                                                                                            | 117438                  |                                      |                          |
| Address Type *                                                                                                           | Apt Blk                 |                                      |                          |
| Block / House No. *                                                                                                      | 10                      |                                      |                          |
| Floor No. *                                                                                                              | 10                      |                                      |                          |
| Unit No. *                                                                                                               | 01                      |                                      |                          |
| Street Name                                                                                                              | Pasir Panjang Road      |                                      |                          |
| Building Name                                                                                                            | Mapletree Business City |                                      |                          |
| Is the facility a Protected Place? *  |                         | <input type="radio"/> Yes            | <input type="radio"/> No |

7. If **No** was selected for “**Is the Facility address the same as the company address?**”, fill in the **Facility address** information.

Is the Facility address the same as the company address? \* ☐ Yes ☒ No

Postal Code \*  [Retrieve your address](#)

Address Type \*

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Is the facility a Protected Place? \* ☒ Yes ☐ No

8. Enter the **Postal Code**. Click **Retrieve your address**.

*Note: If a valid postal code was entered, the system will auto-populate the data fields: **Address Type**, **Block/House No.**, and **Street Name**, where applicable. If an invalid postal code was entered, the system will display an error message.*

Postal Code \*  [Retrieve your address](#)

9. Select the **Address Type**.

Address Type \*

Block / House No.

Please Select

Apt Blk

Without Apt Blk

10. If **Apt Blk** was selected for **Address Type**, the **Block / House No.**, **Floor No.**, and **Unit No.** fields are **mandatory**.

Address Type \*

Block / House No. \*

Floor No. \*

Unit No. \*

11. If **Without Apt Blk** was selected for **Address Type**, the **Street Name** field is mandatory.

|                   |                            |
|-------------------|----------------------------|
| Address Type *    | <div>Without Apt Blk</div> |
| Block / House No. | <div></div>                |
| Floor No.         | <div></div>                |
| Unit No.          | <div></div>                |
| Street Name *     | <div></div>                |
| Building Name     | <div></div>                |

12. Enter the **Block / House No.** (mandatory if Address Type is Apt Blk)

|                   |             |
|-------------------|-------------|
| Block / House No. | <div></div> |
|-------------------|-------------|

13. Enter the **Floor No.** (mandatory if Address Type is Apt Blk)

|           |             |
|-----------|-------------|
| Floor No. | <div></div> |
|-----------|-------------|

14. Enter the **Unit No.** (mandatory if Address Type is Apt Blk)

|          |             |
|----------|-------------|
| Unit No. | <div></div> |
|----------|-------------|

15. Enter the **Street Name.** (mandatory if Address Type is Without Apt Blk)

|             |             |
|-------------|-------------|
| Street Name | <div></div> |
|-------------|-------------|

16. Enter the **Building Name**, if applicable.

|               |             |
|---------------|-------------|
| Building Name | <div></div> |
|---------------|-------------|

17. Select **Yes** or **No** to indicate whether the facility is a Protected Place.

|                                                                                                                          |                                      |                                     |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| Is the facility a Protected Place? *  | <div><input type="radio"/> Yes</div> | <div><input type="radio"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|

18. If **Yes** was selected for “**Is the facility a Protected Place**”, upload the **Gazette Order** document.

Is the facility a Protected Place? \*  ☒ Yes ☐ No

- The maximum file size per document is 10 MB.
- Acceptable file formats: JPG, PNG, PDF, CSV, DOCX, JPEG, XLS, DOC and XLSX.

**Gazette Order \***

**UPLOAD**

19. If **No** was selected for “**Is the facility a Protected Place**”, a popup notification will be displayed. Click **OK** to proceed.

Is the facility a Protected Place? \*  ☐ Yes ☒ No

Please note that the facility has to be a Protected Place in order to get an Approval to Possess First Schedule Part II, Second Schedule biological agent and/or Fifth Schedule toxin unless otherwise informed by MOH

**OK**

20. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for Certified High Containment (BSL-3) Facility with facility activity type:  
Possession of First and/or Second Schedule Biological Agent

1

2

3

4

5

6

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

### Facility Profile

Facility Name \*

CHCFGud\_001

Type of Facility \*

Academic

Is the Facility address the same as the company address? \*

☐ Yes ☒ No

Postal Code \*

560111 [Retrieve your address](#)

Address Type \*

Apt Blk

Block / House No. \*

blk 111

Floor No. \*

12

Unit No. \*

01

Street Name

Ave3

Building Name

BND

Is the facility a Protected Place? \*

☒ Yes ☐ No

The maximum file size per document is 10 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.

Gazette Order \*

[Example Form A.docx\(11.9KB\)](#)

UPLOAD

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SAVE AS DRAFT

NEXT

## 1.1.2.2. Stage 2.2: Facility Operator

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

[Dashboard](#) [eServices](#) John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

### Facility Operator Profile

Designation of Facility Operator \*

Note: The Facility Operator is the person who has overall control and oversight of the management of the facility such as the Chief Executive Officer of the company or a person of equivalent level.

Facility Operator Designee:

Salutation \*

Name \*

ID No \*

Nationality \*

Designation \*

Contact No. \*

Email \*

Employment Start Date \*

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2. Enter the **Designation of Facility Operator**.

*Note: Facility Operator is a mandatory role.*

Designation of Facility Operator \*

3. **Select the Salutation for the Facility Operator Designee.**

*Note: Facility Operator Designee is a mandatory role. The Facility Operator Designee may or may not be the same person as the Facility Operator.*

Facility Operator Designee: 

|               |               |
|---------------|---------------|
| Salutation *  | Please Select |
| Name *        | Please Select |
| ID No *       | Dr            |
| Nationality * | Mdm           |
|               | Mr            |
|               | Mrs           |
|               | Ms            |
|               | Professor     |

4. **Enter the Name of the Facility Operator Designee.**

|        |                      |
|--------|----------------------|
| Name * | <input type="text"/> |
|--------|----------------------|

5. **Enter the ID Type and ID No. of the Facility Operator Designee.**

|         |               |                      |
|---------|---------------|----------------------|
| ID No * | Please Select | <input type="text"/> |
|         | Please Select |                      |
|         | NRIC          |                      |
|         | FIN           |                      |

6. **Select the Nationality of the Facility Operator Designee.**

|               |                   |
|---------------|-------------------|
| Nationality * | SINGAPORE CITIZEN |
| Designation * | Please Select     |
| Contact No. * | SINGAPORE CITIZEN |
| Email *       | AFGHAN            |
|               | ALBANIAN          |
|               | ALGERIAN          |
|               | AMERICAN          |

7. **Enter the Designation of the Facility Operator Designee.**

|               |                      |
|---------------|----------------------|
| Designation * | <input type="text"/> |
|---------------|----------------------|

8. **Enter the Contact No. of the Facility Operator Designee.**

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

|               |                      |
|---------------|----------------------|
| Contact No. * | <input type="text"/> |
|---------------|----------------------|

9. **Enter the Email of the Facility Operator Designee.**

|         |                      |
|---------|----------------------|
| Email * | <input type="text"/> |
|---------|----------------------|

10. Enter the **Employment Start Date** of the **Facility Operator Designee**.

*Note: Employment Start Date cannot be future dated.*

|                         |            |
|-------------------------|------------|
| Employment Start Date * | dd/mm/yyyy |
|-------------------------|------------|

11. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

[Dashboard](#) [eServices](#) John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Facility ProfileFacility OperatorFacility Administrator/OfficerBiosafety CommitteeAuthorised Personnel

### Facility Operator Profile

Designation of Facility Operator \*

Note: The Facility Operator is the person who has overall control and oversight of the management of the facility such as the Chief Executive Officer of the company or a person of equivalent level.

Facility Operator Designee:

Salutation \*

Name \*

ID No \*

Nationality \*

Designation \*

Contact No. \*

Email \*

Employment Start Date \*

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### 1.1.2.3. Stage 2.3: Facility Administrator/Officer

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

Dashboard

eServices

John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3)** Facility with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

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5

6

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

### Facility Administrator

Salutation \*

Please Select

Name \*

ID No \*

Please Select

Nationality \*

Please Select

Designation \*

Contact No. \*

Email \*

Employment Start Date \*

dd/mm/yyyy

### Alternate Administrator

Salutation \*

Please Select

Name \*

ID No \*

Please Select

Nationality \*

Please Select

Designation \*

Contact No. \*

Email \*

Employment Start Date \*

dd/mm/yyyy

### Facility Officer

+ Add Facility Officer

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2. **Select the Salutation for the Facility Administrator.**

*Note: Facility Administrator is a mandatory role.*

| Facility Administrator |                                                                                                                                                               |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salutation *           | <div>Please Select</div> <div>Please Select</div> <div>Dr</div> <div>Mdm</div> <div>Mr</div> <div>Mrs</div> <div>Ms</div> <div>Professor</div> <div>VEN</div> |
| Name *                 |                                                                                                                                                               |
| ID No *                |                                                                                                                                                               |
| Nationality *          |                                                                                                                                                               |

3. **Enter the Name of the Facility Administrator.**

|        |             |
|--------|-------------|
| Name * | <div></div> |
|--------|-------------|

4. **Enter the ID Type and ID No. of the Facility Administrator.**

*Note: The Facility Administrator must have a valid HALP **User Account** with the correct **Role** assigned by the **Master Admin**. For New Facility Registration, the Applicant must either be the Facility Administrator or the Alternate Administrator.*

|         |                                                                                  |             |
|---------|----------------------------------------------------------------------------------|-------------|
| ID No * | <div>Please Select</div> <div>Please Select</div> <div>NRIC</div> <div>FIN</div> | <div></div> |
|---------|----------------------------------------------------------------------------------|-------------|

5. **Select the Nationality of the Facility Administrator.**

|               |                                                                                                                                                                                                                 |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nationality * | <div>SINGAPORE CITIZEN</div> <div>Please Select</div> <div>SINGAPORE CITIZEN</div> <div>AFGHAN</div> <div>ALBANIAN</div> <div>ALGERIAN</div> <div>AMERICAN</div> <div>AMERICAN SAMOAN</div> <div>ANDORRAN</div> |
| Designation * |                                                                                                                                                                                                                 |
| Contact No. * |                                                                                                                                                                                                                 |
| Email *       |                                                                                                                                                                                                                 |

6. **Enter the Designation of the Facility Administrator.**

|               |             |
|---------------|-------------|
| Designation * | <div></div> |
|---------------|-------------|

7. Enter the **Contact No.** of the **Facility Administrator**.

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

|               |                      |
|---------------|----------------------|
| Contact No. * | <input type="text"/> |
|---------------|----------------------|

8. Enter the **Email Address** of the **Facility Administrator**.

|                 |                      |
|-----------------|----------------------|
| Email Address * | <input type="text"/> |
|-----------------|----------------------|

9. Enter the **Employment Start Date** of the **Facility Administrator**.

*Note: Employment Start Date cannot be future dated.*

|                         |                                         |
|-------------------------|-----------------------------------------|
| Employment Start Date * | <input type="text" value="dd/mm/yyyy"/> |
|-------------------------|-----------------------------------------|

10. Select the **Salutation** for the **Alternate Administrator**.

*Note: Alternate Administrator is a mandatory role.*

| Alternate Administrator |                          |
|-------------------------|--------------------------|
| Salutation *            | <div>Please Select</div> |
| Name *                  | <div>Please Select</div> |
| ID No *                 | <div>Dr</div>            |
| Nationality *           | <div>Mdm</div>           |
|                         | <div>Mr</div>            |
|                         | <div>Mrs</div>           |
|                         | <div>Ms</div>            |
|                         | <div>Professor</div>     |
|                         | <div>VEN</div>           |

11. Enter the **Name** of the **Alternate Administrator**.

|        |                      |
|--------|----------------------|
| Name * | <input type="text"/> |
|--------|----------------------|

12. Enter the **ID Type** and **ID No.** of the **Alternate Administrator**.

*Note: The Alternate Administrator must have a valid HALP **User Account** with the correct **Role** assigned by the **Master Admin**. For New Facility Registration, the Applicant must either be the Facility Administrator or the Alternate Administrator.*

|         |                          |                      |
|---------|--------------------------|----------------------|
| ID No * | <div>Please Select</div> | <input type="text"/> |
|         | <div>Please Select</div> |                      |
|         | <div>NRIC</div>          |                      |
|         | <div>FIN</div>           |                      |

13. Select the **Nationality** of the **Alternate Administrator**.

|               |                   |
|---------------|-------------------|
| Nationality * | SINGAPORE CITIZEN |
| Designation * | Please Select     |
| Contact No. * | SINGAPORE CITIZEN |
| Email *       | AFGHAN            |
|               | ALBANIAN          |
|               | ALGERIAN          |
|               | AMERICAN          |
|               | AMERICAN SAMOAN   |

14. Enter the **Designation** of the **Alternate Administrator**.

|               |  |
|---------------|--|
| Designation * |  |
|---------------|--|

15. Enter the **Contact No.** of the **Alternate Administrator**.

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

|               |  |
|---------------|--|
| Contact No. * |  |
|---------------|--|

16. Enter the **Email Address** of the **Alternate Administrator**.

|                 |  |
|-----------------|--|
| Email Address * |  |
|-----------------|--|

17. Enter the **Employment Start Date** of the **Alternate Administrator**.

*Note: Employment Start Date cannot be future dated.*

|                         |            |
|-------------------------|------------|
| Employment Start Date * | dd/mm/yyyy |
|-------------------------|------------|

18. Click **+Add Facility Officer**, if applicable. Steps 19 to 27 are applicable if **+Add Facility Officer** is selected.

*Note: Facility Officer is an optional role. Each facility can have up to three **Facility Officers**.*

|                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|
| <b>Facility Officer</b>  |
| <div>+ Add Facility Officer</div>                                                                           |

Facility Officer

Salutation \*

Please Select

Name \*

ID No \*

Please Select

Nationality \*

Please Select

Designation \*

Contact No. \*

Email Address \*

Employment Start Date \*

dd/mm/yyyy

19. Click X to remove the fields for the **Facility Officer**.

Facility Officer

20. Select the **Salutation** for the **Facility Officer**.

Facility Officer

Salutation \*

Please Select
Please Select
Dr
Mdm
Mr
Mrs
Ms
Professor
LVEN

Name \*

ID No \*

Nationality \*

21. Enter the **Name** of the **Facility Officer**.

Name \*

22. Enter the **ID Type** and **ID No.** of the **Facility Officer**.

*Note: The Facility Officer must have a valid HALP **User Account** with the correct **Role** assigned by the **Master Admin**.*

ID No \*

Please Select

Please Select

NRIC

FIN

**23. Select the Nationality of the Facility Officer.**

Nationality \*

SINGAPORE CITIZEN

Please Select

SINGAPORE CITIZEN

AFGHAN

ALBANIAN

ALGERIAN

AMERICAN

AMERICAN SAMOAN

ARABIAN

**24. Enter the Designation of the Facility Officer.**

Designation \*

**25. Enter the Contact No. of the Facility Officer.**

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

Contact No. \*

**26. Enter the Email Address of the Facility Officer.**

Email Address \*

**27. Enter the Employment Start Date of the Facility Officer.**

*Note: Employment Start Date cannot be future dated.*

Employment Start Date \*

dd/mm/yyyy

**28. Click *+Add Facility Officer* again, if applicable. Repeat steps 20 to 27 if *+Add Facility Officer* is selected.**

+ Add Facility Officer

29. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Facility ProfileFacility OperatorFacility Administrator/OfficerBiosafety CommitteeAuthorised Personnel

### Facility Administrator

Salutation \*

Dr

Name \*

Ben Aw Young

ID No \*

NRIC

S4507798E

Nationality \*

SINGAPORE CITIZEN

Designation \*

Director

Contact No. \*

82345678

Email \*

BenAwYoung@gmail.com

Employment Start Date \*

31/03/2024

### Alternate Administrator

Salutation \*

Dr

Name \*

Caleb Tan

ID No \*

NRIC

S1454107A

Nationality \*

SINGAPORE CITIZEN

Designation \*

Assistant Director

Contact No. \*

82345647

Email \*

CalebTan@gmail.com

Employment Start Date \*

31/03/2024

### Facility Officer

+ Add Facility Officer

< Back

SAVE AS DRAFT

NEXT

#### 1.1.2.4. Stage 2.4: Biosafety Committee

1. It is **mandatory** to upload the list of **Biosafety Committee Members**. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type: **Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

Please upload the list of Biosafety Committee Members

- Click [here](#) to download the template for the list of biosafety committee members.
- Acceptable file format is XLSX, CSV.
- The maximum file size is 10 MB.
- Please ensure that the first character in a cell is not a special character E.g. @, =, -, +, &.

Biosafety Committee Information (0 records uploaded)

UPLOAD

2. Click the **“here” hyperlink** to download the template for the list of biosafety committee members.

- Click [here](#) to download the template for the list of biosafety committee members.

3. **Open** the downloaded excel template, **fill in** the **highlighted** fields for **Biosafety Committee Members**.

*Note: Steps 4 to 16 describe the columns in the Excel template.*

[illegible]

4. **Select the Salutation** for the Biosafety Committee member under **BC\_SALUTATION**.

| BC_SALUTATION | BC |
|---------------|----|
|               |    |
| Dr            |    |
| Mdm           |    |
| Mr            |    |
| Mrs           |    |
| Ms            |    |
| Professor     |    |
| VEN           |    |

5. **Enter the Name** of the Biosafety Committee member under **BC\_NAME**.

| BC_NAME |
|---------|
|         |

6. **Select the ID Type** of the Biosafety Committee member under **BC\_ID\_TYPE**.

| BC_ID_TYPE | BC |
|------------|----|
|            |    |
| NRIC       |    |
| FIN        |    |

7. **Enter the ID Number** of the Biosafety Committee member under **BC\_ID\_NUMBER**.

| BC ID NUMBER |
|--------------|
|              |

8. **Select the Nationality** of the Biosafety Committee member under **BC\_NATIONALITY**.

| BC_NATIONALITY    | BC_CONTACT |
|-------------------|------------|
|                   |            |
| SINGAPORE CITIZEN |            |
| AFGHAN            |            |
| ALBANIAN          |            |
| ALGERIAN          |            |
| AMERICAN          |            |
| AMERICAN SAMOAN   |            |
| ANDORRAN          |            |
| ANGOLAN           |            |
| ANTIGUAN          |            |
| ARGENTINIAN       |            |
| ARMENIAN          |            |
| AUSTRALIAN        |            |

9. Enter the **Contact Number** of the Biosafety Committee member under **BC\_CONTACT\_NO**.

| BC_CONTACT_NO |
|---------------|
|               |

10. Enter the **Email** of the Biosafety Committee member under **BC\_EMAIL**.

| BC_EMAIL |
|----------|
|          |

11. Enter the **Employment Start Date** of the Biosafety Committee member under **BC\_EMPLOYMENT\_START\_DATE**.

*Note: Date when Biosafety Committee member was employed at the company.*

| BC_EMPLOYMENT_START_DATE |
|--------------------------|
|                          |

12. Enter the **Designation** of the Biosafety Committee member under **BC\_DESIGNATION**.

| BC_DESIGNATION |
|----------------|
|                |

13. Enter the details of the area of work of the Biosafety Committee member under **BC\_AREA\_OF\_WORK**.

| BC_AREA_OF_WORK |
|-----------------|
|                 |

14. Select the **Role** of the Biosafety Committee member as specified under the Sixth Schedule of the Biological Agents and Toxins Act under **BC\_ROLE\_UNDER\_SIXTH\_SCHEDULE**.

*Note: Each Biosafety Committee member can only hold one Role.*

| BC_ROLE_UNDER_SIXTH_SCHEDULE                                                                                          | BC_IS_PERSON_EMPLOYEE | BC_COMPANY_NAME |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Senior Management Representative                                                                                      |                       |                 |
| Biosafety Coordinator                                                                                                 |                       |                 |
| Person with expertise in microbiology and knowledge in the physical and biological sciences, and laboratory practices |                       |                 |
| Person in charge of safe and proper functioning of facility and equipment                                             |                       |                 |
| Other qualified personnel                                                                                             |                       |                 |

15. Select whether the Biosafety Committee member is an employee of the company **BC\_IS\_PERSON\_EMPLOYEE**.

| BC IS PERSON EMPLOYEE | BC |
|-----------------------|----|
| YES                   |    |
| NO                    |    |

16. Enter the **Company Name** of the Biosafety Committee member under **BC\_COMPANY NAME**.

*Note: Input is mandatory if the Biosafety Committee member is not an employee of the company.*

| BC_COMPANY NAME |
|-----------------|
|                 |

17. Save the document after completing all the mandatory fields. (Outcome after completion.)

*Note: The **Biosafety Committee** must consists of **at least five members**. Each role under the **BATA Sixth Schedule** must be **assigned to one or more Biosafety Committee member**. Each **Biosafety Committee member** can only hold one role.*

| BC SALUTATION | BC NAME | BC ID TYPE | BC ID NUMBER | BC NATIONALITY    | BC CONTACT NO | BC EMAIL        | BC EMPLOYMENT START DATE | BC DESIGNATION | BC AREA OF WORK | BC ROLE UNDER SIXTH SCHEDULE                                                                                          | BC IS PERSON EMPLOYEE | BC COMPANY NAME |
|---------------|---------|------------|--------------|-------------------|---------------|-----------------|--------------------------|----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Mr            | A       | NRIC       | 5209023E     | SINGAPORE CITIZEN | 88888888      | jones@gmail.com | 10/1/2024                | Coordinator    | Management      | Senior Management Representative                                                                                      | YES                   | AB              |
| Mr            | B       | NRIC       | 5575725SH    | SINGAPORE CITIZEN | 88888888      | s@gmail.com     | 10/1/2024                | Coordinator    | Biosafety       | Biosafety Coordinator                                                                                                 | YES                   | AB              |
| Mr            | C       | NRIC       | 59143838J    | SINGAPORE CITIZEN | 88888888      | h@gmail.com     | 10/1/2024                | Operator       | Operations      | Person with expertise in microbiology and knowledge in the physical and biological sciences, and laboratory practices | YES                   | AB              |
| Mr            | D       | NRIC       | 5905056LJ    | SINGAPORE CITIZEN | 88888888      | s@gmail.com     | 10/1/2024                | Operator       | Microbiology    | Person in charge of safe and proper functioning of facility and equipment                                             | YES                   | AB              |
| Mr            | E       | NRIC       | 55191008J    | SINGAPORE CITIZEN | 88888888      | d@gmail.com     | 10/1/2024                | Operator       | Biosafety       | Other qualified personnel                                                                                             | YES                   | AB              |

18. Click **Upload** and select the saved document containing the **Biosafety Committee Information** for upload.

*Note: System will display an error message if there is invalid input in the uploaded document.*

Acceptable file formats: XLSX, CSV

Maximum file size: 10MB

| Biosafety Committee Information (0 records uploaded) |
|------------------------------------------------------|
| <div> <div>UPLOAD</div> </div>                       |

19. Upon successful upload, the hyperlink of the uploaded document will be displayed. Click the **“here”** hyperlink to view the uploaded Biosafety Committee information. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed. Click **Delete** to remove the uploaded document. Click the **file name hyperlink** to download the uploaded file.

Dashboard eServices John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type: **Possession of First and/or Second Schedule Biological Agent**

1 2 3 4 5 6

Company Information Facility Information Other Application Information Supporting Documents Approved Facility Certifier Preview & Submit

Facility Profile Facility Operator Facility Administrator/Officer Biosafety Committee Authorised Personnel

Please upload the list of Biosafety Committee Members

- Click [here](#) to download the template for the list of biosafety committee members.
- Acceptable file format is XLSX, CSV.
- The maximum file size is 9 MB.
- Please ensure that the first character in a cell is not a special character E.g. @, =, -, +, &.

Biosafety Committee Information (6 records uploaded)

[Biosafety Committee\\_filed.xlsx\(21.1KB\)](#) [DELETE](#)

UPLOAD

Click [here](#) to expand all information

< Back SAVE AS DRAFT NEXT

### 1.1.2.5. Stage 2.5: Authorised Personnel

1. It is **mandatory** to upload the list of **Personnel Authorised to Access the Facility**. Click **SAVE AS DRAFT** at any point to save progress.

**New Facility Registration**

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

Progress: 1. Company Information (✓), 2. **Facility Information**, 3. Other Application Information, 4. Supporting Documents, 5. Approved Facility Certifier, 6. Preview & Submit

**Please upload the list of Personnel Authorised to Access the Facility**

Note: The Facility Administrator/Alternate Facility Administrator is responsible to ensure that the list of authorised personnel is always kept up to date i.e. prompt submission of updates to include newly authorised personnel or to remove personnel who are no longer authorised to access the facility.

- Click [here](#) to download the template for the list of Personnel Authorised to Access the Facility.
- Acceptable file format is XLSX, CSV.
- The maximum file size is 10 MB.
- Please ensure that the first character in a cell is not a special character E.g. @, =, -, +, &.

List of Personnel Authorised to Access the Facility (0 records uploaded)

**UPLOAD**

< Back      SAVE AS DRAFT      NEXT

2. Click the **“here”** hyperlink to download the template for the list of personnel authorised to access the facility.

- Click [here](#) to download the template for the list of Personnel Authorised to Access the Facility.

3. **Open** the downloaded excel template and **fill** in the highlighted fields.

*Note: Steps 4 to 16 describe the columns in the Excel template.*

| AUTHORISED_PERSONNEL_SALUTATION | AUTHORISED_PERSONNEL_NAME | AUTHORISED_PERSONNEL_ID_TYPE | AUTHORISED_PERSONNEL_ID_NUMBER | AUTHORISED_PERSONNEL_NATIONALITY | AUTHORISED_PERSONNEL_CONTACT_NO | AUTHORISED_PERSONNEL_MAIL | AUTHORISED_PERSONNEL_EMPLOYMENT_START_DATE | AUTHORISED_PERSONNEL_SECURITY_CLEARANCE_DATE | AUTHORISED_PERSONNEL_DESIGNATION | AUTHORISED_PERSONNEL_REAL_OF_WORK | AUTHORISED_PERSONNEL_PERSON_EMPLOYEE | AUTHORISED_PERSONNEL_COMPANY_NAME |
|---------------------------------|---------------------------|------------------------------|--------------------------------|----------------------------------|---------------------------------|---------------------------|--------------------------------------------|----------------------------------------------|----------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|
|                                 |                           |                              |                                |                                  |                                 |                           |                                            |                                              |                                  |                                   |                                      |                                   |
|                                 |                           |                              |                                |                                  |                                 |                           |                                            |                                              |                                  |                                   |                                      |                                   |
|                                 |                           |                              |                                |                                  |                                 |                           |                                            |                                              |                                  |                                   |                                      |                                   |
|                                 |                           |                              |                                |                                  |                                 |                           |                                            |                                              |                                  |                                   |                                      |                                   |

4. **Select** the **Salutation** for the authorised person under **AUTHORISED\_PERSONNEL\_SALUTATION**.

**AUTHORISED\_PERSONNEL\_SALUTATION**

Dr  
Mdm  
Mr  
Mrs  
Ms  
Professor  
VEN

5. Enter the **Name** of the authorised person under **AUTHORISED\_PERSONNEL\_NAME**.

| AUTHORISED_PERSONNEL_NAME |
|---------------------------|
|                           |

6. Select the **ID Type** of the authorised person under **AUTHORISED\_PERSONNEL\_ID\_TYPE**.

| AUTHORISED_PERSONNEL_ID_TYPE | AU |
|------------------------------|----|
|                              |    |
| NRIC                         |    |
| FIN                          |    |

7. Enter the **ID Number** of the authorised person under **AUTHORISED\_PERSONNEL\_ID\_NUMBER**.

| AUTHORISED_PERSONNEL_ID_NUMBER |
|--------------------------------|
|                                |

8. Select the **Nationality** of the authorised person under **AUTHORISED\_PERSONNEL\_NATIONALITY**.

| AUTHORISED_PERSONNEL_NATIONALITY | AU |
|----------------------------------|----|
|                                  |    |
| SINGAPORE CITIZEN                |    |
| AFGHAN                           |    |
| ALBANIAN                         |    |
| ALGERIAN                         |    |
| AMERICAN                         |    |
| AMERICAN SAMOAN                  |    |
| ANDORRAN                         |    |
| ANGOLAN                          |    |
| ANTIGUAN                         |    |
| ARGENTINIAN                      |    |
| ARMENIAN                         |    |
| AUSTRALIAN                       |    |

9. Enter the **Contact Number** of the authorised person under **AUTHORISED\_PERSONNEL\_CONTACT\_NO**.

| AUTHORISED_PERSONNEL_CONTACT_NO |
|---------------------------------|
|                                 |

10. Enter the **Email** of the authorised person under **AUTHORISED\_PERSONNEL\_EMAIL**.

| AUTHORISED_PERSONNEL_EMAIL |
|----------------------------|
|                            |

11. Enter the **Employment Start Date** of the authorised person under **AUTHORISED\_PERSONNEL\_EMPLOYMENT\_START\_DATE**.

| AUTHORISED_PERSONNEL_EMPLOYMENT_START_DATE |
|--------------------------------------------|
|                                            |

12. Enter the **Security Clearance Date** of the authorised person under **AUTHORISED\_PERSONNEL\_SECURITY\_CLEARANCE\_DATE**.

*Note: Applicable for facility that is a **Protected Place***

| AUTHORISED_PERSONNEL_SECURITY_CLEARANCE_DATE |
|----------------------------------------------|
|                                              |

13. Enter the **Designation** of the authorised person under **AUTHORISED\_PERSONNEL\_DESIGNATION**.

| AUTHORISED_PERSONNEL_DESIGNATION |
|----------------------------------|
|                                  |

14. Enter the details of the area of work of the authorised person under **AUTHORISED\_PERSONNEL\_AREA\_OF\_WORK**.

| AUTHORISED_PERSONNEL_AREA_OF_WORK |
|-----------------------------------|
|                                   |

15. **Select** whether the authorised person is an employee of the company under **AUTHORISED\_PERSONNEL\_IS\_PERSON\_EMPLOYEE**.

| AUTHORISED_PERSONNEL_IS_PERSON_EMPLOYEE |
|-----------------------------------------|
|                                         |

16. Enter the **Company Name** of the authorised person under **AUTHORISED\_PERSONNEL\_COMPANY\_NAME**.

*Note: Input is mandatory if the authorised person is not an employee of the company.*

| AUTHORISED_PERSONNEL_COMPANY_NAME |
|-----------------------------------|
|                                   |

17. **Save the document after completing all the mandatory fields.** (Outcome after completion.)

| AUTHORISED_PERSONNEL_ID | AUTHORISED_PERSONNEL_NAME | AUTHORISED_PERSONNEL_ID_TYPE | AUTHORISED_PERSONNEL_ID_NUMBER | AUTHORISED_PERSONNEL_NATIONALITY | AUTHORISED_PERSONNEL_CONTACT_NO | AUTHORISED_PERSONNEL_EMAIL | AUTHORISED_PERSONNEL_EMPLOYMENT_START_DATE | AUTHORISED_PERSONNEL_SECURITY_CLEARANCE_DATE | AUTHORISED_PERSONNEL_DESIGNATION | AUTHORISED_PERSONNEL_AREA_OF_WORK | AUTHORISED_PERSONNEL_IS_PERSON_EMPLOYEE | AUTHORISED_PERSONNEL_COMPANY_NAME |
|-------------------------|---------------------------|------------------------------|--------------------------------|----------------------------------|---------------------------------|----------------------------|--------------------------------------------|----------------------------------------------|----------------------------------|-----------------------------------|-----------------------------------------|-----------------------------------|
| 12345678                | John Doe                  | 01                           | 12345678                       | SINGAPORE CITIZEN                | 0912345678                      | john.doe@company.com       | 15/12/2020                                 | 15/12/2021                                   | Manager                          | IT                                | YES                                     | ABC COMPANY                       |

18. Click **Upload** and select the saved document to upload the **List of Personnel Authorised to Access the Facility**.

*Note: System will display an error message if there is invalid input in the uploaded document.*

Acceptable file formats: XLSX, CSV

Maximum file size: 10MB

**List of Personnel Authorised to Access the Facility (0 records uploaded)**

**UPLOAD**

19. Upon successful upload, the hyperlink of the uploaded document will be displayed. Click the **“here”** hyperlink to view the uploaded list of Personnel Authorised to Access the Facility. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed. Click **Delete** to remove the uploaded document. Click the **file name hyperlink** to download the uploaded file.

MINISTRY OF HEALTH  
SINGAPORE

HALP  
Healthcare Application and Licensing Portal

Dashboard eServices John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type: **Possession of First and/or Second Schedule Biological Agent**

1 ✓  
Company Information

2  
Facility Information

3 !  
Other Application Information

4 !  
Supporting Documents

5 !  
Approved Facility Certifier

6 !  
Preview & Submit

Facility Profile Facility Operator Facility Administrator/Officer Biosafety Committee Authorised Personnel

**Please upload the list of Personnel Authorised to Access the Facility**

Note: The Facility Administrator/Alternate Facility Administrator is responsible to ensure that the list of authorised personnel is always kept up to date i.e. prompt submission of updates to include newly authorised personnel or to remove personnel who are no longer authorised to access the facility.

- Click [here](#) to download the template for the list of Personnel Authorised to Access the Facility.
- Acceptable file format is XLSX, CSV.
- The maximum file size is 9 MB.
- Please ensure that the first character in a cell is not a special character E.g. @, =, ~, \*, &.

**List of Personnel Authorised to Access the Facility (1 records uploaded)**

Authorised Personnel.xlsx (22.5KB) DELETE

**UPLOAD**

Click [here](#) to expand all information

< Back SAVE AS DRAFT **NEXT**

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### 1.1.3. Stage 3: Other Application Information

1. Fill in all highlighted **mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

**Declaration**

I, hereby declare the following:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☐ Yes ☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☐ Yes ☐ No

3. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☐ Yes ☐ No

4. All information provided by me in this application is true and accurate.

☐ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. Facility Administrative Oversight Plan.
2. Documentation of successful facility certification.
3. Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.
4. Documentation of approval from relevant ministry or statutory board, where applicable.
5. Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).

< Back

SAVE AS DRAFT

NEXT

2. Select the input for each declaration:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☐ Yes ☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☐ Yes ☐ No

3. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☐ Yes

☐ No

4. All information provided by me in this application is true and accurate.

☐ Yes

☐ No

3. Ensure all **mandatory** fields are completed and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

*Note: "Yes" must be selected for all the declarations to proceed.*

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

### Declaration

I, hereby declare the following:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☒ Yes☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☒ Yes☐ No

3. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☒ Yes☐ No

4. All information provided by me in this application is true and accurate.

☒ Yes☐ No

### Other Information

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. Facility Administrative Oversight Plan.
2. Documentation of successful facility certification.
3. Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.
4. Documentation of approval from relevant ministry or statutory board, where applicable.
5. Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).

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SAVE AS DRAFTNEXT

### 1.1.4. Stage 4: Supporting Documents

1. Upload all the highlighted mandatory documents under **Supporting Documents**.

*Note: Multiple documents can be uploaded in each section.*

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Other Application Information

4  
**Supporting Documents**

5 !  
Approved Facility Certifier

6 !  
Preview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

**Facility Administrative Oversight Plan \***  
UPLOAD

**Facility Layout and ACMV Schematics \***  
UPLOAD

**Biosafety Coordinator's Certificates \***  
UPLOAD

**Facility Biosafety and Biosecurity Manual \***  
UPLOAD

**Approval/Endorsement: Biosafety Committee**  
UPLOAD

**Others**  
UPLOAD

[< Back](#)

SAVE AS DRAFTNEXT

2. **Upload the Facility Administrative Oversight Plan.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Facility Administrative Oversight Plan \***

UPLOAD

3. **Upload the Facility Layout and ACMV Schematics.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Facility Layout and ACMV Schematics \***

UPLOAD

4. **Upload the Biosafety Coordinator's Certificates.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Biosafety Coordinator's Certificates \***

UPLOAD

5. **Upload the Facility Biosafety and Biosecurity Manual.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Facility Biosafety and Biosecurity Manual \***

UPLOAD

6. **Upload** the **Approval/Endorsement from the Biosafety Committee**. Click **UPLOAD** and select the document to upload.

*Note: This section is optional*

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Approval/Endorsement: Biosafety Committee**

**UPLOAD**

7. **Upload** any other relevant supporting documents under **Others**. Click **UPLOAD** and select the document to upload.

*Note: This section is optional*

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Others**

**UPLOAD**

8. **Select** the **Document Type** for each document uploaded under **Others** section.

**Others**

Doc.jpg(34.1KB) Select Document Type: Please Select One DELETED

**UPLOAD**

Please Select One  
Approval/Endorsement: Biosafety Committee  
Approval Document from MOH  
Approval Document from Other Authority  
Audit: Action Plan/Response  
Audit: Emergency Response Drill Report

9. Upon successful upload, the hyperlink of each uploaded document will be displayed. When all the **mandatory** documents have been **uploaded**, click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress. Click **Delete** to remove an uploaded document. Click the **file name hyperlink** to download the uploaded file.

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

Facility Administrative Oversight Plan \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB)DELETE

UPLOAD

Facility Layout and ACMV Schematics \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB)DELETE

UPLOAD

Biosafety Coordinator's Certificates \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB)DELETE

UPLOAD

Facility Biosafety and Biosecurity Manual \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB)DELETE

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

UPLOAD

< Back

SAVE AS DRAFT

NEXT

### 1.1.5. Stage 5: Approved Facility Certifier

1. Fill in the **highlighted mandatory** field. Click **SAVE AS DRAFT** at any point to save progress.

The screenshot shows the 'New Facility Registration' form at Stage 5: Approved Facility Certifier. The progress bar at the top indicates that steps 1 through 4 are completed, and step 5 is the current stage. The form title is 'New Facility Registration'. Below the title, it states: 'You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type: **Possession of First and/or Second Schedule Biological Agent**'. The progress bar shows six steps: 1. Company Information, 2. Facility Information, 3. Other Application Information, 4. Supporting Documents, 5. Approved Facility Certifier (highlighted), and 6. Preview & Submit. The main form area is titled 'Approved Facility Certifier'. It contains a question: 'Has the facility appointed an Approved Facility Certifier \*'. There are two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected. Below the question, there are two buttons: 'SAVE AS DRAFT' and 'NEXT'.

2. Select whether the facility has appointed an **Approved Facility Certifier**.

This is a close-up of the question 'Has the facility appointed an Approved Facility Certifier \*'. It shows two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected. The question is marked as mandatory with an asterisk and an information icon.

3. If **Yes** was selected, select the name of the appointed **Approved Facility Certifier**.

This screenshot shows the 'Select Approved Facility Certifier \*' dropdown menu. The 'Yes' radio button is selected for the question 'Has the facility appointed an Approved Facility Certifier \*'. The dropdown menu is open, showing a list of options: 'Please Select', 'tester', 'Biosafety Biosecurity International', 'Laboratory Biorisk Consultancy & Training Pte Ltd', 'MCE Consulting', 'Riskren Pte Ltd', 'World BioHazTec Ptd Ltd', and 'BioSing Certifier'. The 'BioSing Certifier' option is highlighted. The 'NEXT' button is visible on the right side of the form.

4. If **No** was selected but certification is required, the applicant will be required to indicate the **Approved Facility Certifier** subsequently (refer to Facility User Guide Part 3 section 2.2 Appoint an AFC for details.)

The screenshot shows the 'AFC Selection' screen. At the top, there is a navigation bar with 'Dashboard' and 'eServices' (with a dropdown arrow). On the right, a user profile 'John' is shown with a dropdown arrow. The main heading is 'AFC Selection'. Below this, a question is posed: 'Has the facility appointed an Approved Facility Certifier \*'. There are two radio button options: 'Yes' (unselected) and 'No' (selected). At the bottom left is a '< Back' link. At the bottom right are two buttons: 'SAVE AS DRAFT' and 'SUBMIT'.

5. Ensure all **mandatory** fields are completed and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

The screenshot shows the 'New Facility Registration' screen. At the top, it says 'You are applying for Certified High Containment (BSL-3) Facility with facility activity type: Possession of First and/or Second Schedule Biological Agent'. Below this is a progress bar with six steps: 1. Company Information, 2. Facility Information, 3. Other Application Information, 4. Supporting Documents, 5. Approved Facility Certifier (current step, highlighted in blue), and 6. Preview & Submit. The main heading is 'Approved Facility Certifier'. Below this, the same question as in step 4 is shown: 'Has the facility appointed an Approved Facility Certifier \*'. The 'Yes' radio button is now selected. Below this is a dropdown menu labeled 'Select Approved Facility Certifier \*' with 'BioSing Certifier' selected. At the bottom left is a '< Back' link. At the bottom right are two buttons: 'SAVE AS DRAFT' and 'NEXT' (highlighted with a red box).

### 1.1.6. Stage 6: Preview & Submit

1. In the **Preview and Submit** page, review the information that was provided in the application.

Dashboard eServices John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type: **Possession of First and/or Second Schedule Biological Agent**

1 ✓ 2 ✓ 3 ✓ 4 ✓ 5 ✓ 6 ✓

Company Information Facility Information Other Application Information Supporting Documents Approved Facility Certifier **Preview & Submit**

Print

Company Information ✓

Facility Information ✓

Other Application Information ✓

Supporting Documents ✓

Approved Facility Certifier ✓

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

[< Back](#) SAVE AS DRAFT SUBMIT

2. Click on **Company Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Company Information** or the **arrow** again.

Company Information ✓

**Company Profile**

|                   |                    |
|-------------------|--------------------|
| UEN               | 346039030H         |
| Company Name      | Ben Aw Yong        |
| Postal Code       | 117438             |
| Address Type      | Apt Blk            |
| Block / House No. | 10                 |
| Floor No.         | 10                 |
| Unit No.          | 01                 |
| Street Name       | Pasir Panjang Road |

3. Click on **Facility Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Facility Information** or the **arrow** again.

 **Facility Information** 

 Edit

|                                                          |                      |
|----------------------------------------------------------|----------------------|
| <b>Facility Profile</b>                                  |                      |
| Facility Name                                            | Test CHCF Facility   |
| Is the Facility address the same as the company address? | Yes                  |
| Postal Code                                              | 117438               |
| Address Type                                             | Apt Blk              |
| Block / House No.                                        | 10                   |
| Floor and Unit No.                                       | 10 - 01              |
| Street Name                                              | Pasir Panjang Road   |
| Is the facility a Protected Place?                       | Yes                  |
| <b>Facility Operator Profile</b>                         |                      |
| Designation of Facility Operator                         | Officer              |
| <b>Facility Operator Designee</b>                        |                      |
| Salutation                                               | Dr                   |
| Name                                                     | John Lee             |
| ID No.                                                   | S9641402A            |
| Nationality                                              | Singaporean          |
| Designation                                              | Officer              |
| Contact No.                                              | 82345678             |
| Email                                                    | john_lee@gmail.com   |
| Employment Start Date                                    | 17/11/2022           |
| <b>Facility Administrator/Officer</b>                    |                      |
| <b>Facility Administrator</b>                            |                      |
| Salutation                                               | Dr                   |
| Name                                                     | Ben Aw Yong          |
| Nationality                                              | Singaporean          |
| NRIC/FIN                                                 | S6469777C            |
| Designation                                              | Officer              |
| Contact No.                                              | 82345678             |
| Email Address                                            | ben.awyong@gmail.com |
| Employment Start Date                                    | 03/11/2022           |
| <b>Alternate Administrator</b>                           |                      |
| Salutation                                               | Dr                   |
| Name                                                     | Caleb Lee            |
| Nationality                                              | Singaporean          |
| NRIC/FIN                                                 | S7077625A            |
| Designation                                              | Officer              |
| Contact No.                                              | 92345678             |
| Email Address                                            | caleb.lee@gmail.com  |
| Employment Start Date                                    | 17/11/2022           |
| <b>Biosafety Committee</b>                               |                      |
| <a href="#">View Biosafety Committee Information</a>     |                      |
| <b>Personnel Authorised to Access the Facility</b>       |                      |
| <a href="#">View Authorised Personnel Information</a>    |                      |

Click **Edit** to return to the **Facility Information** section (Stage 2) to make changes.

 **Facility Information** 

 Edit

- Click on **Other Application Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Other Application Information** or the **arrow** again.

 Other Application Information 

 Edit

**Declaration**

I, hereby declare the following:

- The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act. ☒ Yes ☐ No
- The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act. ☒ Yes ☐ No
- The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following: ☒ Yes ☐ No
  - Institutional governance and oversight
  - Risk assessment and risk management programme
  - Hazardous waste management for solid and liquid waste
  - Emergency response plan, preparedness and readiness
  - Material management and accountability (including storage, inventory management and inventory audits)
  - Incident investigation and reporting
  - Occupational health and medical surveillance programme
  - Personal protective equipment
  - Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
  - Policy on sharps use, if applicable
  - Policy and procedures for transfer and/or transportation of biological agent and/or toxin
  - Compliance to applicable legislations and regulations (please indicate where applicable)
- All information provided by me in this application is true and accurate. ☒ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

- Facility Administrative Oversight Plan.
- Documentation of successful facility certification.
- Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.
- Documentation of approval from relevant ministry or statutory board, where applicable.
- Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).

Click **Edit** to return to the **Other Application Information** section (Stage 3).

 Other Application Information 

 Edit

5. Click on **Supporting Documents** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Supporting Documents** or the **arrow** again.

 **Supporting Documents** 

 Edit

Uploaded Documents

Facility Administrative Oversight Plan  
[Doc.jpg](#)(34.1KB)

Facility Layout and ACMV Schematics  
[Doc.jpg](#)(34.1KB)

Biosafety Coordinator's Certificates  
[Doc.jpg](#)(34.1KB)

Facility Biosafety and Biosecurity Manual  
[Doc.jpg](#)(34.1KB)

Approval/Endorsement: Biosafety Committee  
[Doc.jpg](#)(34.1KB)

Click **Edit** to return to the **Supporting Documents** section (Stage 4) to delete or replace an uploaded document or upload additional documents.

 **Supporting Documents** 

 Edit

6. Click on **Approved Facility Certifier** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Approved Facility Certifier** or the **arrow** again.

 **Approved Facility Certifier** 

 Edit

Has the facility appointed an Approved Facility Certifier  
Select Approved Facility Certifier

Yes ☒ No ☐  
Biosafety Biosecurity International

Click **Edit** to return to the **Approved Facility Certifier** section (Stage 5) to make changes.

 **Approved Facility Certifier** 

 Edit

7. **Enter Remarks**, if applicable.

Remarks

8. Mark the checkbox for the declaration.

☐

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

9. Ensure that the checkbox for the declaration has been checked. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the application.

[Dashboard](#) [eServices](#) John

## New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with facility activity type:  
**Possession of First and/or Second Schedule Biological Agent**

1

2

3

4

5

6

Company Information Facility Information Other Application Information Supporting Documents Approved Facility Certifier Preview & Submit

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☒

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

[< Back](#) [SAVE AS DRAFT](#) [SUBMIT](#)

10. Upon successful submission of the application, an **acknowledgement** message will be displayed. An **Application Number** is generated to track the application. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

Dashboard

eServices

John

New Facility Registration

Your submission is successful.

Certified High Containment (BSL-3) Facility with Facility Activity Type:  
- Possession of First and/or Second Schedule Biological Agent  
We will notify you of the status of the application or if additional information is required.

Application Number

Date & Time

A240531HCF004

31/05/2024 10:00:09

PRINT

HOME

11. A notification of acknowledgement of submission can be found in the **Inbox**. Click on the **hyperlink** under **Subject** to view the content.

| <input type="checkbox"/> | Subject                                                                                       | Message Type                                       | Facility Name | Reference Number | Submission Type           | Date of Notification |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|------------------|---------------------------|----------------------|
| <input type="checkbox"/> | <a href="#">MOH Biosafety - [Notification]: Acknowledgement of Submission - A240531HCF004</a> | Notification – System generated email notification | CHCF   Mantis | N240531HCF052    | New Facility Registration | 31/05/2024 10:00:09  |

12. From the **Dashboard**, click the **Applications** tab to view the submitted application. Verify that the status of the submitted application is **Pending MOH**.

Dashboard

eServices

John

New Messages 951

Application Drafts 0

Active Facilities 36

Active Approvals 99

Inbox (951)

Applications

Facilities

Approvals

Certifications/ Inspections/Audits

Data Submissions

Reportable Events

Application No.: A240531HCF004

Application Sub-Type: Please Select

Facility Name:

Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy

Date Saved/Submitted To: dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items 10

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

A240531HCF004

CHCF | Mantis

New

Facility Registration

Pending MOH

31/05/2024 10:00:09

Select

## 1.2. NEW FACILITY REGISTRATION – CERTIFIED MAXIMUM CONTAINMENT (BSL-4) FACILITY

1. Select **Certified Maximum Containment (BSL-4) Facility** for **Facility Classification**.

# New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

- ☐ Certified High Containment (BSL-3) Facility
- ☒ Certified Maximum Containment (BSL-4) Facility
- ☐ Uncertified Facility
- ☐ Biomanufacturing (Large-Scale Production) Facility
- ☐ Registered Facility

[< Back](#)[CONTINUE](#)

2. Once **Certified Maximum Containment (BSL-4)** has been selected, a list of **Facility Activity Type** will be displayed. Select the desired **Facility Activity Type(s)** and click **CONTINUE**.

*Note: The facility activity type **Possession of First and/or Second Schedule Biological Agent** is selected by default.*

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☒ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

**Facility Activity Type**

☒ Possession of First and/or Second Schedule Biological Agent

☐ Possession of Fifth Schedule Toxin

☐ Large-Scale Production of First and/or Third Schedule Biological Agent

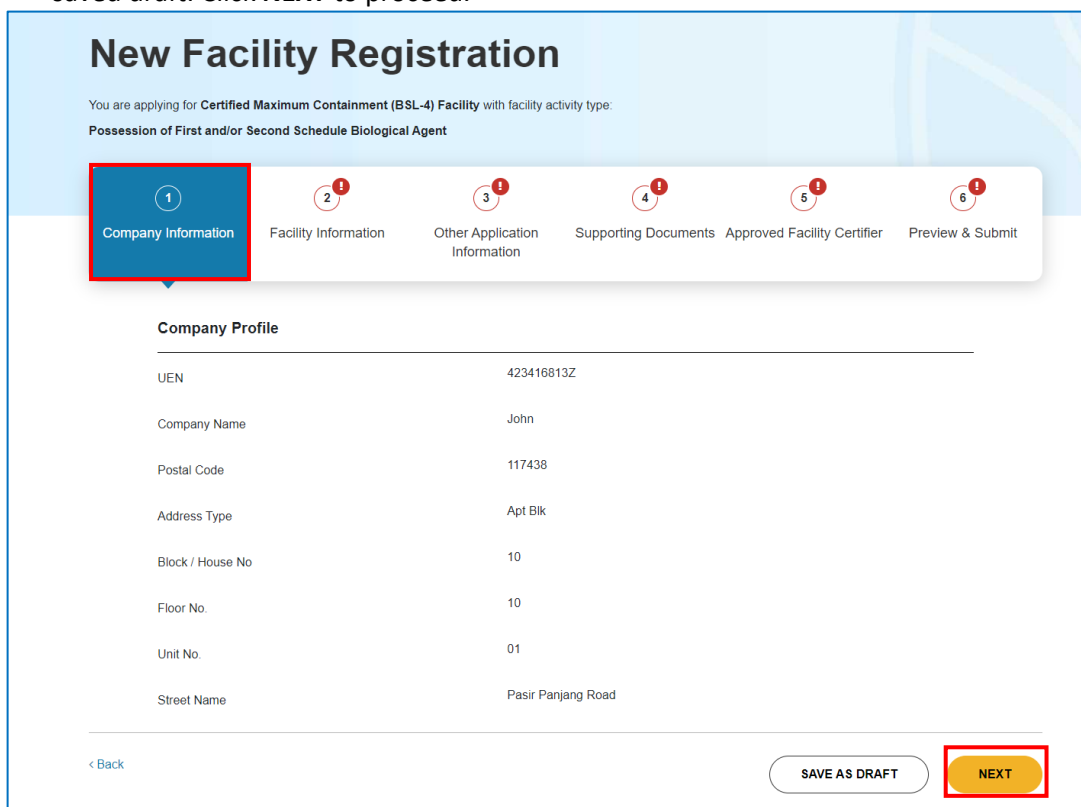
☐ Handling of non-First Schedule Poliovirus Infectious Materials

[< Back](#)

CONTINUE

### 1.2.1. Stage 1: Company Information

1. The system will redirect to the **Company Information** page of the **New Facility Registration for Certified Maximum Containment (BSL-4) Facility**. Verify that the information displayed are correct before proceeding. Click **SAVE AS DRAFT** at any point to save progress. Refer to [Section 2](#) for the steps to retrieve and resume working on a saved draft. Click **NEXT** to proceed.



**New Facility Registration**

You are applying for **Certified Maximum Containment (BSL-4) Facility** with facility activity type: **Possession of First and/or Second Schedule Biological Agent**

Progress bar steps: 1. **Company Information**, 2. Facility Information, 3. Other Application Information, 4. Supporting Documents, 5. Approved Facility Certifier, 6. Preview & Submit

**Company Profile**

|                  |                    |
|------------------|--------------------|
| UEN              | 423416813Z         |
| Company Name     | John               |
| Postal Code      | 117438             |
| Address Type     | Apt Blk            |
| Block / House No | 10                 |
| Floor No.        | 10                 |
| Unit No.         | 01                 |
| Street Name      | Pasir Panjang Road |

< Back      SAVE AS DRAFT      **NEXT**

### 1.2.2. Stage 2: Facility Information

The steps to complete the Facility Information section for a Certified Maximum Containment (BSL-4) Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the relevant sub-sections for details.

#### 1.2.2.1. Stage 2.1: Facility Profile

Refer to the steps listed in [Section 1.1.2.1 Stage 2.1](#) to complete this section.

#### 1.2.2.2. Stage 2.2: Facility Operator

Refer to the steps listed in [Section 1.1.2.2 Stage 2.2](#) to complete this section.

#### 1.2.2.3. Stage 2.3: Facility Administrator/Officer

Refer to the steps listed in [Section 1.1.2.3 Stage 2.3](#) to complete this section.

#### **1.2.2.4. Stage 2.4: Biosafety Committee**

Refer to the steps listed in [Section 1.1.2.4 Stage 2.4](#) to complete this section.

#### **1.2.2.5. Stage 2.5: Authorised Personnel**

Refer to the steps listed in [Section 1.1.2.5 Stage 2.5](#) to complete this section.

### **1.2.3. Stage 3: Other Application Information**

The steps to complete the Other Application Information section for a Certified Maximum Containment (BSL-4) Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the steps listed in [Section 1.1.3 Stage 3](#) to complete this section.

### **1.2.4. Stage 4: Supporting Documents**

The steps to complete the Supporting Documents section for a Certified Maximum Containment (BSL-4) Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the steps listed in [Section 1.1.4 Stage 4](#) to complete this section.

### **1.2.5. Stage 5: Approved Facility Certifier**

The steps to complete the Approved Facility Certifier section for a Certified Maximum Containment (BSL-4) Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the steps listed in [Section 1.1.5 Stage 5](#) to complete this section.

### **1.2.6. Stage 6: Preview & Submit**

The steps to complete the Preview & Submit section for a Certified Maximum Containment (BSL-4) Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the steps listed in [Section 1.1.6 Stage 6 steps 1 to 9](#) to complete the form.

1. Upon successful submission of the application, an **acknowledgement** message will be displayed. An **Application Number** is generated to track the application. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

Dashboard
eServices
John

## New Facility Registration

**Your submission is successful.**

Certified Maximum Containment (BSL-4) Facility with Facility Activity Type:  
- Possession of First and/or Second Schedule Biological Agent

We will notify you of the status of the application or if additional information is required.

|                           |                        |
|---------------------------|------------------------|
| <b>Application Number</b> | <b>Date &amp; Time</b> |
| A240531MCF002             | 31/05/2024 15:01:43    |

PRINT
HOME

- A notification of acknowledgement of submission can be found in the **Inbox**. Click on the **hyperlink** under **Subject** to view the content.

| <input type="checkbox"/> | Subject                                                                                       | Message Type                                       | Facility Name | Reference Number | Submission Type           | Date of Notification |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|------------------|---------------------------|----------------------|
| <input type="checkbox"/> | <a href="#">MOH Biosafety - [Notification]: Acknowledgement of Submission - A240531MCF002</a> | Notification – System generated email notification | CMCF Test UG  | N240531MCF001    | New Facility Registration | 31/05/2024 15:01:43  |

- From the **Dashboard**, click the **Applications** tab view the submitted application. Verify that the status of the submitted application is **Pending MOH**.

Dashboard
eServices
John

New Messages 951
Application Drafts 0
Active Facilities 36
Active Approvals 99

Inbox (951)
**Applications**
Facilities
Approvals
Certifications/ Inspections/Audits
Data Submissions
Reportable Events

Application No.:
Facility Name:
Application Type:
Date Saved/Submitted From:
Application Sub-Type:
Application Status:
Date Saved/Submitted To:

CLEAR
SEARCH

1-1 out of 1 items
10

| Application No. | Facility Name | Application Type | Application Sub-Type  | Application Status | Date Saved/Submitted | Actions |
|-----------------|---------------|------------------|-----------------------|--------------------|----------------------|---------|
| A240531MCF002   | CMCF Test UG  | New              | Facility Registration | Pending MOH        | 31/05/2024 15:01:43  | Select  |

### 1.3. NEW FACILITY REGISTRATION – UNCERTIFIED FACILITY

1. Select **Uncertified Facility** for **Facility Classification**.

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☒ **Uncertified Facility**

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

[< Back](#) [CONTINUE](#)

2. Once **Uncertified Facility** has been selected, a list of **Facility Activity Type** will be displayed. Select the desired **Facility Activity Type(s)** and click **CONTINUE**.

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☒ **Uncertified Facility**

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

**Facility Activity Type \***

☐ Possession of First Schedule Biological Agent

☐ Possession of Fifth Schedule Toxin

☐ Large-Scale Production of First and/or Third Schedule Biological Agent

[< Back](#) [CONTINUE](#)

### 1.3.1. Stage 1: Company Information

1. The system will redirect to the **Company Information** page of the **New Facility Registration for Uncertified Facility**. Verify that the information displayed are correct before proceeding. Click **SAVE AS DRAFT** at any point to save progress. Refer to [Section 2](#) for the steps to retrieve and resume working on a saved draft. Click **NEXT** to proceed.

Dashboard eServices ▾

John ▾

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1 2 3 4 5 6 7

Company Information Facility Information Biological Agents & Toxins Other Application Information Supporting Documents Approved Facility Certifier Preview & Submit

**Company Profile**

|                  |                    |
|------------------|--------------------|
| UEN              | 423416813Z         |
| Company Name     | John               |
| Postal Code      | 117438             |
| Address Type     | Apt Blk            |
| Block / House No | 10                 |
| Floor No.        | 10                 |
| Unit No.         | 01                 |
| Street Name      | Pasir Panjang Road |

< Back

SAVE AS DRAFT NEXT

### 1.3.2. Stage 2: Facility Information

The steps to complete the Facility Information section for an Uncertified Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the relevant sub-sections for details.

#### 1.3.2.1. Stage 2.1: Facility Profile

Refer to the steps listed in [Section 1.1.2.1 Stage 2.1](#) to complete this section.

#### 1.3.2.2. Stage 2.2: Facility Operator

Refer to the steps listed in [Section 1.1.2.2 Stage 2.2](#) to complete this section.

#### 1.3.2.3. Stage 2.3: Facility Administrator/Officer

Refer to the steps listed in [Section 1.1.2.3 Stage 2.3](#) to complete this section.

#### **1.3.2.4. Stage 2.4: Biosafety Committee**

Refer to the steps listed in [Section 1.1.2.4 Stage 2.4](#) to complete this section.

#### **1.3.2.5. Stage 2.5: Authorised Personnel**

Refer to the steps listed in [Section 1.1.2.5 Stage 2.5](#) to complete this section.

### 1.3.3. Stage 3: Biological Agents & Toxins

#### 1.3.3.1. Stage 3.1: Possession of First Schedule Biological Agent

This section is applicable if **Possession of First Schedule Biological Agent** was selected as a **Facility Activity Type**.

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:

**Possession of First Schedule Biological Agent** | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent

1 ✓

2 ✓

3

4 !

5 !

6 !

7 !

Company InformationFacility InformationBiological Agents & ToxinsOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Possession of First Schedule Biological Agent

Possession of Fifth Schedule Toxin

Large-Scale Production of First and/or Third Schedule Biological Agent

Schedule \*

Please Select

Name of Biological Agent \*

Please Select

Type of sample that will be handled \*

☐ Culture/isolate of biological agent

☐ Pure toxin

☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin

☐ Animal sample containing biological agent or toxin

☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)

☐ Food sample containing biological agent or toxin

☐ Others. Please specify.

Type of work that will be carried out involving the biological agent \*

☐ Culturing/isolation of biological agent

☐ Serological test

☐ Molecular test

☐ Animal studies (specify the type of animal under details)

☐ Biomanufacturing (or large-scale production) involving biological agent. Please specify the expected maximum handling volume under details

☐ Others. Please specify.

Mode of Procurement \*

☐ Local Transfer

☐ Import

+ Add New Biological Agent

< Back

SAVE AS DRAFT

NEXT

2. **Select the Schedule.**

*Note: To select First Schedule Part II, the facility must be a protected place.*

|                            |                        |
|----------------------------|------------------------|
| Schedule *                 | Please Select          |
| Name of Biological Agent * | Please Select          |
|                            | First Schedule Part I  |
|                            | First Schedule Part II |

3. **Select the Name of Biological Agent.**

*Note: Values displayed under **Name of Biological Agent** will differ depending on the **Schedule** selected.*

|                                       |                                                                                                               |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Name of Biological Agent *            | Please Select                                                                                                 |
| Type of sample that will be handled * | Please Select                                                                                                 |
|                                       | AKABANE VIRUS                                                                                                 |
|                                       | BHANJA VIRUS                                                                                                  |
|                                       | BLASTOMYCES DERMATITIDIS                                                                                      |
|                                       | BOVINE SPONGIFORM ENCEPHALOPATHY PRION AND OTHER RELATED ANIMAL TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY PRION |
|                                       | BRUCELLA CANIS                                                                                                |
|                                       | CALIFORNIA ENCEPHALITIS VIRUS                                                                                 |

4. **Select the Types of sample that will be handled.**

*Note: If selection includes "Environmental sample containing biological agent or toxin (specify the type of samples under details)" or "Others. Please specify.", provide the information under **Details regarding the type of sample that will be handled and the intended work** (in step 6).*

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Types of sample that will be handled * | <div><input type="checkbox"/> Culture/isolate of biological agent</div> <div><input type="checkbox"/> Pure toxin</div> <div><input type="checkbox"/> Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin</div> <div><input type="checkbox"/> Animal sample containing biological agent or toxin</div> <div><input type="checkbox"/> Environmental sample containing biological agent or toxin (specify the type of samples under details)</div> <div><input type="checkbox"/> Food sample containing biological agent or toxin</div> <div><input type="checkbox"/> Others. Please specify.</div> |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5. **Select the Type of work that will be carried out involving the biological agent.**  
*Note: If selection includes “Animal studies (specify the type of animal under details)” or “Biomanufacturing involving biological agent. Please specify expected maximum handling volume under details” or “Others. Please specify.”, provide the information under **Details regarding the type of sample that will be handled and the intended work** (in step 6).*

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of work that will be carried out involving the biological agent * | <div><input type="checkbox"/> Culturing/isolation of biological agent<br/><input type="checkbox"/> Serological test<br/><input type="checkbox"/> Molecular test<br/><input type="checkbox"/> Animal studies (specify the type of animal under details)<br/><input type="checkbox"/> Biomufacturing involving biological agent.<br/>Please specify expected maximum handling volume under details<br/><input type="checkbox"/> Others. Please specify.</div> |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

6. Enter the **Details regarding the type of sample that will be handled and the intended work**, if the field is displayed.

|                                                                                   |             |
|-----------------------------------------------------------------------------------|-------------|
| Details regarding the type of sample that will be handled and the intended work * | <div></div> |
|-----------------------------------------------------------------------------------|-------------|

7. **Select the Mode of Procurement.**

|                       |                                                                              |
|-----------------------|------------------------------------------------------------------------------|
| Mode of Procurement * | <div><input type="radio"/> Local Transfer <input type="radio"/> Import</div> |
|-----------------------|------------------------------------------------------------------------------|

8. If **Local Transfer** was selected, fill in the **highlighted mandatory** fields for **Details of Transferring Facility** and **Details of Contact Person from Transferring Facility**.

Mode of Procurement \*

☒ Local Transfer ☐ Import

Details of Transferring Facility:

Facility Name \*

Postal Code \*

[Retrieve your address](#)

Address Type \*

Please Select

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Details of Contact Person from Transferring Facility:

Name \*

Email address \*

Contact No. \*

Expected Date of Transfer \*

dd/mm/yyyy

Name of Courier Service Provider \*

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

Remarks \*

[+ Add New Biological Agent](#)

SAVE AS DRAFT

NEXT

9. **Enter the Facility Name.**

Facility Name \*

Page | 60

10. Enter the **Postal Code**. Click **Retrieve your address**.

*Note: If a valid postal code was entered, the system will auto-populate the data fields: **Address Type**, **Block/House No.**, and **Street Name**, where applicable. If an invalid postal code was entered, the system will display an error message.*

|               |                      |                                       |
|---------------|----------------------|---------------------------------------|
| Postal Code * | <input type="text"/> | <a href="#">Retrieve your address</a> |
|---------------|----------------------|---------------------------------------|

11. Select the **Address Type**.

|                   |                            |
|-------------------|----------------------------|
| Address Type *    | <div>Please Select</div>   |
| Block / House No. | <div>Please Select</div>   |
|                   | <div>Apt Blk</div>         |
|                   | <div>Without Apt Blk</div> |

12. If **Apt Blk** was selected for **Address Type**, the **Block / House No.**, **Floor No.**, and **Unit No.** fields are **mandatory**.

|                     |                      |
|---------------------|----------------------|
| Address Type *      | <div>Apt Blk</div>   |
| Block / House No. * | <input type="text"/> |
| Floor No. *         | <input type="text"/> |
| Unit No. *          | <input type="text"/> |

13. If **Without Apt Blk** was selected for **Address Type**, the **Street Name** field is **mandatory**.

|                   |                            |
|-------------------|----------------------------|
| Address Type *    | <div>Without Apt Blk</div> |
| Block / House No. | <input type="text"/>       |
| Floor No.         | <input type="text"/>       |
| Unit No.          | <input type="text"/>       |
| Street Name *     | <input type="text"/>       |
| Building Name     | <input type="text"/>       |

14. Enter the **Block / House No.** (mandatory if Address Type is Apt Blk)

|                   |                      |
|-------------------|----------------------|
| Block / House No. | <input type="text"/> |
|-------------------|----------------------|

15. **Enter the Floor No.** (mandatory if Address Type is Apt Blk)

Floor No.

16. **Enter the Unit No.** (mandatory if Address Type is Apt Blk)

Unit No.

17. **Enter the Street Name.** (mandatory if Address Type is Without Apt Blk)

Street Name

18. **Enter the Building Name** if applicable.

Building Name

19. **Enter the Name of the Contact Person.**

Name \*

20. **Enter the Email Address of the Contact Person.**

Email address \*

21. **Enter the Contact No.**

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

Contact No. \*

22. **Enter the Expected Date of Transfer.**

Expected Date of Transfer \*

dd/mm/yyyy

23. **Enter the Name of Courier Service Provider.**

Name of Courier Service Provider \*

24. **Enter Remarks.**

Remarks \*

25. If **Import** was selected, fill in the **highlighted mandatory** fields for **Details of Exporting Facility** and **Details of Contact Person from Exporting Facility**.

**Details of Exporting Facility:**

Facility Name \*

Postal Code \*

[Retrieve your address](#)

Address Type \*

Please Select

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Country \*

Please Select

City \*

State \*

**Details of Contact Person from Exporting Facility:**

Name \*

Email address \*

Contact No. \*

Expected Date of Import \*

dd/mm/yyyy

Name of Courier Service Provider \*

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

Remarks \*

[+ Add New Biological Agent](#)

26. Enter the **Facility Name**.

|                 |                      |
|-----------------|----------------------|
| Facility Name * | <input type="text"/> |
|-----------------|----------------------|

27. Enter the **Postal Code**.

*Note: **Retrieve your address** function is not available for foreign postal codes.*

|               |                      |                                       |
|---------------|----------------------|---------------------------------------|
| Postal Code * | <input type="text"/> | <a href="#">Retrieve your address</a> |
|---------------|----------------------|---------------------------------------|

28. Select the **Address Type**.

|                   |                                                                                                                                                                                              |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address Type *    | <div>Please Select </div> <div><div>Please Select</div><div>Apt Blk</div><div>Without Apt Blk</div></div> |
| Block / House No. |                                                                                                                                                                                              |

29. If **Apt Blk** was selected for **Address Type**, the **Block / House No.**, **Floor No.**, **Unit No.**, **Country**, **City**, and **State** fields are **mandatory**.

|                     |                                                                                                                |
|---------------------|----------------------------------------------------------------------------------------------------------------|
| Address Type *      | <div>Apt Blk </div>        |
| Block / House No. * | <input type="text"/>                                                                                           |
| Floor No. *         | <input type="text"/>                                                                                           |
| Unit No. *          | <input type="text"/>                                                                                           |
| Street Name         | <input type="text"/>                                                                                           |
| Building Name       | <input type="text"/>                                                                                           |
| Country *           | <div>Please Select </div> |
| City *              | <input type="text"/>                                                                                           |
| State *             | <input type="text"/>                                                                                           |

30. If **Without Apt Blk** was selected for **Address Type**, the **Street Name**, **Country**, **City**, and **State** fields are **mandatory**.

|                   |                      |
|-------------------|----------------------|
| Address Type *    | Without Apt Blk ▼    |
| Block / House No. | <input type="text"/> |
| Floor No.         | <input type="text"/> |
| Unit No.          | <input type="text"/> |
| Street Name *     | <input type="text"/> |
| Building Name     | <input type="text"/> |
| Country *         | Please Select ▼      |
| City *            | <input type="text"/> |
| State *           | <input type="text"/> |

31. **Enter the Block / House No.** (mandatory if Address Type is Apt Blk)

|                   |                      |
|-------------------|----------------------|
| Block / House No. | <input type="text"/> |
|-------------------|----------------------|

32. **Enter the Floor No.** (mandatory if Address Type is Apt Blk)

|           |                      |
|-----------|----------------------|
| Floor No. | <input type="text"/> |
|-----------|----------------------|

33. **Enter the Unit No.** (mandatory if Address Type is Apt Blk)

|          |                      |
|----------|----------------------|
| Unit No. | <input type="text"/> |
|----------|----------------------|

34. **Enter the Street Name.** (mandatory if Address Type is Without Apt Blk)

|             |                      |
|-------------|----------------------|
| Street Name | <input type="text"/> |
|-------------|----------------------|

35. Enter the **Building Name** if applicable.

|               |                      |
|---------------|----------------------|
| Building Name | <input type="text"/> |
|---------------|----------------------|

36. Select the **Country**.

|                                                    |                          |
|----------------------------------------------------|--------------------------|
| Country *                                          | <div>Please Select</div> |
| City *                                             |                          |
| State *                                            |                          |
| Details of Contact Person from Exporting Facility: |                          |

37. Enter the **City**.

|        |                      |
|--------|----------------------|
| City * | <input type="text"/> |
|--------|----------------------|

38. Enter the **State**.

|         |                      |
|---------|----------------------|
| State * | <input type="text"/> |
|---------|----------------------|

39. Enter the **Name** of the Contact Person.

|        |                      |
|--------|----------------------|
| Name * | <input type="text"/> |
|--------|----------------------|

40. Enter the **Email Address** of the Contact Person.

|                 |                      |
|-----------------|----------------------|
| Email address * | <input type="text"/> |
|-----------------|----------------------|

41. Enter the **Contact No.** of the Contact Person

|               |                      |
|---------------|----------------------|
| Contact No. * | <input type="text"/> |
|---------------|----------------------|

42. Enter the **Expected Date of Import**.

|                           |                                         |
|---------------------------|-----------------------------------------|
| Expected Date of Import * | <input type="text" value="dd/mm/yyyy"/> |
|---------------------------|-----------------------------------------|

43. Enter the Name of Courier Service Provider.

|                                    |                      |
|------------------------------------|----------------------|
| Name of Courier Service Provider * | <input type="text"/> |
|------------------------------------|----------------------|

44. Enter Remarks.

|           |                      |
|-----------|----------------------|
| Remarks * | <input type="text"/> |
|-----------|----------------------|

45. Click + Add New Biological Agent to add another biological agent, if applicable.

|                                            |
|--------------------------------------------|
| <a href="#">+ Add New Biological Agent</a> |
|--------------------------------------------|

46. Repeat steps 2 to 44 for each additional biological agent.

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule *                                                             | <div><div>Please Select</div><div>✕</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name of Biological Agent *                                             | <div><div>Please Select</div><div>▼</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Types of sample that will be handled *                                 | <div><div><input type="checkbox"/> Culture/isolate of biological agent</div><div><input type="checkbox"/> Pure toxin</div><div><input type="checkbox"/> Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin</div><div><input type="checkbox"/> Animal sample containing biological agent or toxin</div><div><input type="checkbox"/> Environmental sample containing biological agent or toxin (specify the type of samples under details)</div><div><input type="checkbox"/> Food sample containing biological agent or toxin</div><div><input type="checkbox"/> Others. Please specify.</div></div> |
| Type of work that will be carried out involving the biological agent * | <div><div><input type="checkbox"/> Culturing/isolation of biological agent</div><div><input type="checkbox"/> Serological test</div><div><input type="checkbox"/> Molecular test</div><div><input type="checkbox"/> Animal studies (specify the type of animal under details)</div><div><input type="checkbox"/> Biomanufacturing involving biological agent. Please specify expected maximum handling volume under details</div><div><input type="checkbox"/> Others. Please specify.</div></div>                                                                                                                                          |
| Mode of Procurement *                                                  | <div><div><input type="radio"/> Local Transfer</div><div><input type="radio"/> Import</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

47. Click X to remove the fields for the additional biological agent, if applicable.

|            |                                                 |                         |
|------------|-------------------------------------------------|-------------------------|
| Schedule * | <div><div>Please Select</div><div>▼</div></div> | <div><div>✕</div></div> |
|------------|-------------------------------------------------|-------------------------|

48. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type: **Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1 ✔  
Company Information

2 ✔  
Facility Information

3  
**Biological Agents & Toxins**

4 !  
Other Application Information

5 !  
Supporting Documents

6 !  
Approved Facility Certifier

7 !  
Preview & Submit

Possession of First Schedule Biological Agent

Possession of Fifth Schedule Toxin

Large-Scale Production of First and/or Third Schedule Biological Agent

Schedule \* ▼  

First Schedule Part I

Name of Biological Agent \* ▼  

BRUCELLA CANIS

Type of sample that will be handled \*  

☒ Culture/isolate of biological agent  
☐ Pure toxin  
☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin  
☐ Animal sample containing biological agent or toxin  
☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)  
☐ Food sample containing biological agent or toxin  
☐ Others. Please specify.

Type of work that will be carried out involving the biological agent \*  

☒ Culturing/isolation of biological agent  
☐ Serological test  
☐ Molecular test  
☐ Animal studies (specify the type of animal under details)  
☐ Biomanufacturing (or large-scale production) involving biological agent. Please specify the expected maximum handling volume under details  
☐ Others. Please specify.

Mode of Procurement \*  

☒ Local Transfer ☐ Import

**Details of Transferring Facility:**  

Facility Name \* ▼  

Tee Facility

Postal Code \* Retrieve your address  

456789

Address Type \* ▼  

Apt Bk

Block / House No. \* ▼  

456

Floor No. \* ▼  

5

Unit No. \* ▼  

4

Street Name  

Toa Payoh Road

Building Name  

Tee Building

**Details of Contact Person from Transferring Facility:**  

Name \* ▼  

Choo Xiao Ming

Email address \* ▼  

xiaoming@gmail.com

Contact No. \* ▼  

82345678

Expected Date of Transfer \* ▼  

27/04/2024

Name of Courier Service Provider \* ▼  

Sample Service Provider

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with JHTS Transportation Regulations.  

Remarks \* ▼  

Some Remarks

[+ Add New Biological Agent](#)

< Back

SAVE AS DRAFT

NEXT

### 1.3.3.2. Stage 3.2: Possession of Fifth Schedule Toxin

This section is applicable if **Possession of Fifth Schedule Toxin** was selected as a **Facility Activity Type**.

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:

Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent

1 ✓

Company Information

2 ✓

Facility Information

3

**Biological Agents & Toxins**

4 !

Other Application Information

5 !

Supporting Documents

6 !

Approved Facility Certifier

7 !

Preview & Submit

Possession of First Schedule Biological Agent

**Possession of Fifth Schedule Toxin**

Large-Scale Production of First and/or Third Schedule Biological Agent

Schedule \*  
Fifth Schedule

Name of Toxin \*  
Please Select

Type of sample that will be handled \*

☐ Culture/isolate of biological agent

☐ Pure toxin

☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin

☐ Animal sample containing biological agent or toxin

☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)

☐ Food sample containing biological agent or toxin

☐ Others. Please specify.

Type of work that will be carried out involving the toxin \*

☐ Generation/isolation of toxin

☐ Serological test

☐ Molecular test

☐ Animal studies (specify the type of animal under details)

☐ Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details

☐ Others. Please specify.

Mode of Procurement \*

☐ Local Transfer

☐ Import

+ Add New Toxin

< Back

SAVE AS DRAFT

NEXT

2. **Select the Name of Toxin.**

|                                        |                                                 |
|----------------------------------------|-------------------------------------------------|
| Name of Toxin *                        | Please Select                                   |
| Types of sample that will be handled * | Please Select                                   |
|                                        | BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G) |
|                                        | CLOSTRIDIUM PERFRINGENS TOXINS                  |
|                                        | HT-2 TOXIN                                      |
|                                        | STAPHYLOCOCCAL ENTEROTOXINS                     |
|                                        | SHIGATOXINS                                     |
|                                        | T-2 TOXIN                                       |
|                                        | TETANUS TOXIN                                   |

3. **Select the Types of sample that will be handled.**

*Note: If selection includes "Environmental sample containing biological agent or toxin (specify the type of samples under details)" or "Others. Please specify.", provide the information under **Details regarding the type of sample that will be handled and the intended work** (in step 5).*

|                                        |                                                                                                                                |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Types of sample that will be handled * | <input type="checkbox"/> Culture/isolate of biological agent                                                                   |
|                                        | <input type="checkbox"/> Pure toxin                                                                                            |
|                                        | <input type="checkbox"/> Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin             |
|                                        | <input type="checkbox"/> Animal sample containing biological agent or toxin                                                    |
|                                        | <input type="checkbox"/> Environmental sample containing biological agent or toxin (specify the type of samples under details) |
|                                        | <input type="checkbox"/> Food sample containing biological agent or toxin                                                      |
|                                        | <input type="checkbox"/> Others. Please specify.                                                                               |

4. **Select the Type of work that will be carried out involving the toxin.**  
*Note: If selection includes “Animal studies (specify the type of animal under details)” or “Biomanufacturing involving toxin. Please specify expected maximum handling volume under details” or “Others. Please specify.”, provide the information under **Details** regarding the type of sample that will be handled and the intended work (in step 5).*

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of work that will be carried out involving the toxin * | <div><input type="checkbox"/> Generation/isolation of toxin<br/><input type="checkbox"/> Serological test<br/><input type="checkbox"/> Molecular test<br/><input type="checkbox"/> Animal studies (specify the type of animal under details)<br/><input type="checkbox"/> Biomufacturing involving toxin. Please specify the expected maximum handling volume under details<br/><input type="checkbox"/> Others. Please specify.</div> |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5. Enter the **Details regarding the type of sample that will be handled and the intended work**, if the field is displayed.

|                                                                                   |             |
|-----------------------------------------------------------------------------------|-------------|
| Details regarding the type of sample that will be handled and the intended work * | <div></div> |
|-----------------------------------------------------------------------------------|-------------|

6. **Select the Mode of Procurement.**

|                       |                                                                              |
|-----------------------|------------------------------------------------------------------------------|
| Mode of Procurement * | <div><input type="radio"/> Local Transfer <input type="radio"/> Import</div> |
|-----------------------|------------------------------------------------------------------------------|

7. If **Local Transfer** was selected under the **Mode of Procurement**, refer to [Section 1.3.3.1 Stage 3.1 steps 8](#) to 24 to complete the rest of the fields on this page.
8. If **Import** was selected under the **Mode of Procurement**, refer to [Section 1.3.3.1 Stage 3.1 steps 25](#) to 44 to complete the rest of the fields on this page.
9. Click **+ Add New Toxin** to add another toxin, if applicable.

|                            |
|----------------------------|
| <div>+ Add New Toxin</div> |
|----------------------------|

10. Repeat steps 2 to 8 for each additional toxin.

| Schedule *                                                  | Fifth Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Name of Toxin *                                             | <div>Please Select </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |
| Types of sample that will be handled *                      | <div><input type="checkbox"/> Culture/isolate of biological agent<br/><input type="checkbox"/> Pure toxin<br/><input type="checkbox"/> Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin<br/><input type="checkbox"/> Animal sample containing biological agent or toxin<br/><input type="checkbox"/> Environmental sample containing biological agent or toxin (specify the type of samples under details)<br/><input type="checkbox"/> Food sample containing biological agent or toxin<br/><input type="checkbox"/> Others. Please specify.</div> |                                                                                     |
| Type of work that will be carried out involving the toxin * | <div><input type="checkbox"/> Culturing/isolation of toxin<br/><input type="checkbox"/> Serological test<br/><input type="checkbox"/> Molecular test<br/><input type="checkbox"/> Animal studies (specify the type of animal under details)<br/><input type="checkbox"/> Biomanufacturing involving toxin. Please specify expected maximum handling volume under details<br/><input type="checkbox"/> Others. Please specify.</div>                                                                                                                                                          |                                                                                     |
| Mode of Procurement *                                       | <div><input type="radio"/> Local Transfer <input type="radio"/> Import</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |

11. Click X to remove the fields for the additional toxin, if applicable.

| Schedule * | Fifth Schedule |  |
|------------|----------------|---------------------------------------------------------------------------------------|
|------------|----------------|---------------------------------------------------------------------------------------|

12. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company InformationFacility InformationBiological Agents & ToxinsOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Possession of First Schedule Biological Agent

Possession of Fifth Schedule Toxin

Large-Scale Production of First and/or Third Schedule Biological Agent

Schedule \*

Name of Toxin \*

Type of sample that will be handled \*

Type of work that will be carried out involving the toxin \*

Mode of Procurement \*

Details of Transferring Facility:

Facility Name \*

Postal Code \*

Address Type \*

Block / House No. \*

Floor No. \*

Unit No. \*

Street Name

Building Name

Details of Contact Person from Transferring Facility:

Name \*

Email address \*

Contact No. \*

Expected Date of Transfer \*

Name of Courier Service Provider \*

Remarks \*

+ Add New Toxin

Fifth Schedule

CLOSTRIDIUM PERFRINGENS TOXINS

☒ Culture/isolate of biological agent

☐ Pure toxin

☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin

☐ Animal sample containing biological agent or toxin

☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)

☐ Food sample containing biological agent or toxin

☐ Others. Please specify.

☒ Generation/isolation of toxin

☐ Serological test

☐ Molecular test

☐ Animal studies (specify the type of animal under details)

☐ Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details

☐ Others. Please specify.

☒ Local Transfer ☐ Import

Tee Facility

421024

Retrieves your address

Apt Bk

425

5

4

Braddell Road

Toa Payoh Building

Choo Da Ming

Daming@gmail.com

82345678

04/05/2024

Sample Service Provider

Some Remarks

< Back

SAVE AS DRAFT

NEXT

### 1.3.3.3. Stage 3.3: Large-Scale Production of First and/or Third Schedule Biological Agent

This section is applicable if **Large-Scale Production of First and/or Third Schedule Biological Agent** was selected as a **Facility Activity Type**.

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

The screenshot shows the 'New Facility Registration' form. The progress bar at the top indicates seven steps: 1. Company Information, 2. Facility Information, 3. Biological Agents & Toxins (current step), 4. Other Application Information, 5. Supporting Documents, 6. Approved Facility Certifier, and 7. Preview & Submit. The form is titled 'New Facility Registration' and states 'You are applying for Uncertified Facility with facility activity type: Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent'. The 'Large-Scale Production of First and/or Third Schedule Biological Agent' option is highlighted in the left sidebar. The form fields include: 'Schedule \*' (dropdown), 'Name of Biological Agent \*' (dropdown), 'Estimated maximum volume (in litres) of production at any one time \*' (text input), 'Method or system used for large scale production \*' (text input), and 'Mode of Procurement \*' (radio buttons for Local Transfer, Import, and Already in possession). A '+ Add New Biological Agent' link is at the bottom. The bottom navigation bar includes a '< Back' link, a 'SAVE AS DRAFT' button, and a 'NEXT' button.

2. Select the **Schedule**.

*Note: To select First Schedule Part II, the facility must be a protected place.*

This close-up shows the 'Schedule \*' dropdown menu. The menu is open, displaying three options: 'Please Select', 'First Schedule Part I', 'First Schedule Part II', and 'Third Schedule'. The 'Please Select' option is highlighted in blue. The dropdown is outlined with a red border.

3. **Select the Name of Biological Agent.**

*Note: Values displayed under **Name of Biological Agent** will differ depending on the **Schedule** selected.*

|                                                                      |                                                                                                               |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Name of Biological Agent *                                           | Please Select                                                                                                 |
| Estimated maximum volume (in litres) of production at any one time * | Please Select                                                                                                 |
| Method or system used for large scale production *                   | AKABANE VIRUS                                                                                                 |
| Mode of Procurement *                                                | BHANJA VIRUS                                                                                                  |
|                                                                      | BLASTOMYCES DERMATITIDIS                                                                                      |
|                                                                      | BOVINE SPONGIFORM ENCEPHALOPATHY PRION AND OTHER RELATED ANIMAL TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY PRION |
|                                                                      | BRUCELLA CANIS                                                                                                |
|                                                                      | CALIFORNIA ENCEPHALITIS VIRUS                                                                                 |

4. **Enter the Estimated maximum volume (in litres) of production at any one time.**

|                                                                      |  |
|----------------------------------------------------------------------|--|
| Estimated maximum volume (in litres) of production at any one time * |  |
|----------------------------------------------------------------------|--|

5. **Enter the Method or system used for large scale production.**

|                                                    |  |
|----------------------------------------------------|--|
| Method or system used for large scale production * |  |
|----------------------------------------------------|--|

6. **Select the Mode of Procurement.**

|                       |                                                                                                               |
|-----------------------|---------------------------------------------------------------------------------------------------------------|
| Mode of Procurement * | <input type="radio"/> Local Transfer <input type="radio"/> Import <input type="radio"/> Already in possession |
|-----------------------|---------------------------------------------------------------------------------------------------------------|

7. If **Local Transfer** was selected under the **Mode of Procurement**, refer to [Section 1.3.3.1 Stage 3.1 steps 8](#) to 24 to complete the rest of the fields on this page.

8. If **Import** was selected under the **Mode of Procurement**, refer to [Section 1.3.3.1 Stage 3.1 steps 25](#) to 44 to complete the rest of the fields on this page

9. If **Already in possession** was selected under the **Mode of Procurement**, **Details of Source Facility** would be auto-filled in.

Mode of Procurement \* ☐ Local Transfer ☐ Import ☒ Already in possession

**Details of Source Facility:**

Facility Name \* Test UCF Facility

Postal Code \* 456789

Address Type \* Apt Blk

Block / House No. 365

Floor No. 4

Unit No. 4

Street Name \* Toa Payoh Road

Building Name Tee Building

10. Click **+ Add New Biological Agent** to add another biological agent, if applicable.

[+ Add New Biological Agent](#)

11. **Repeat** steps 2 to 9 for each **additional biological agent**.

Schedule \* 

Please Select 



Name of Biological Agent \* 

Please Select 

Estimated maximum volume (in litres) of production at any one time \*

Method or system used for large scale production \*

Mode of Procurement \* ☐ Local Transfer ☐ Import ☐ Already in possession

12. Click **X** to remove the fields related to the additional biological agent, if applicable.

Schedule \* 

Please Select 



13. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:

Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent

1

2

3

4

5

6

7

Company InformationFacility InformationBiological Agents & ToxinsOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Possession of First Schedule Biological Agent

Possession of Fifth Schedule Toxin

Large-Scale Production of First and/or Third Schedule Biological Agent

Schedule \*

Third Schedule

Name of Biological Agent \*

BORDETELLA PERTUSSIS

Estimated maximum volume (in litres) of production at any one time \*

1000

Method or system used for large scale production \*

Sample Method

Mode of Procurement \*

☒ Local Transfer

☐ Import

☐ Already in possession

Details of Transferring Facility:

Facility Name \*

Tee Facility

Postal Code \*

356789

Retrieve your address

Address Type \*

Apt Bldg

Block / House No. \*

456

Floor No. \*

4

Unit No. \*

5

Street Name

Toa Payoh Road

Building Name

Tee Building

Details of Contact Person from Transferring Facility:

Name \*

Sally Tan

Email address \*

Sally.tan@gmail.com

Contact No. \*

93456789

Expected Date of Transfer \*

04/05/2024

Name of Courier Service Provider \*

Sample Service Provider

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with SACA Transportation Regulations.

Remarks \*

Sample Remarks

+ Add New Biological Agent

< Back

SAVE AS DRAFT

NEXT

### 1.3.4. Stage 4: Other Application Information

1. Fill in all **highlighted mandatory fields**. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

**Declaration**

I, hereby declare the following:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☐ Yes ☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☐ Yes ☐ No

3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement.

☐ Yes ☐ No

4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.

☐ Yes ☐ No

5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☐ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. Application letter containing the following information:

- The name of the Facility Operator designee;
- Address of the facility where the intended work will be conducted;
- The reason for the application;
- The name of the biological agent and/or toxin; and
- The justification of how and why the work involving the biological agent and/or toxin can be carried out safely and securely in the intended facility. This may include facility design, the use of laboratory safety equipment, personal protective equipment, good microbiological practices and procedures, as well as reliable and competent personnel.

2. Details of the facility's biorisk management programme.

3. Documentation of approval from the Biosafety Committee for the intended work.

4. Documentation of endorsement from the Genetic Modification Advisory Committee (if the intended work involves genetic modification of microorganism or handling of genetically modified microorganism).

5. Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.

6. Facility Administrative Oversight Plan.

7. Facility layout/floorplan.

8. Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).

9. List of all location in the facility where the biological agent and/or toxin will be handled (including storage) and specify the corresponding work activities that will be carried out at each location (mapped to facility floorplan, as provided in #7). The information can be provided in a table format.

10. Risk assessments for the intended work conducted/reviewed/endorsed by the Biosafety Committee.

11. Safety and security records related to facility certification, inspection, accreditation, if any.

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## 2. Select the input for each declaration:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☐ Yes ☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☐ Yes ☐ No

3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement.

☐ Yes ☐ No

4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.

☐ Yes ☐ No

5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

☐ Yes ☐ No

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

3. Fill in all **mandatory** fields and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

*Note: With the exception of the declaration related to work involving genetically modified microorganisms, which can accept either input, “Yes” must be selected for all remaining declarations, to proceed.*

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Declaration

I, hereby declare the following:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☒ Yes☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☒ Yes☐ No

3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement.

☒ Yes☐ No

4. The Intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.

☒ Yes☐ No

5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☒ Yes☐ No

Other Information

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

Supporting Documents

1. Application letter containing the following information:

- The name of the **Facility Operator** designee;
- Address of the facility where the intended work will be conducted;
- The reason for the application;
- The name of the biological agent and/or toxin; and
- The justification of how and why the work involving the biological agent and/or toxin can be carried out safely and securely in the intended facility. This may include facility design, the use of laboratory safety equipment, personal protective equipment, good microbiological practices and procedures, as well as reliable and competent personnel.

2. Details of the facility's biorisk management programme.

3. Documentation of approval from the Biosafety Committee for the intended work.

4. Documentation of endorsement from the Genetic Modification Advisory Committee (if the intended work involves genetic modification of microorganism or handling of genetically modified microorganism.

5. Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.

6. Facility Administrative Oversight Plan.

7. Facility layout/floorplan.

8. Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).

9. List of all location in the facility where the biological agent and/or toxin will be handled (including storage) and specify the corresponding work activities that will be carried out at each location (mapped to facility floorplan, as provided in #7). The information can be provided in a table format.

10. Risk assessments for the intended work conducted/reviewed/endorsed by the Biosafety Committee.

11. Safety and security records related to facility certification, inspection, accreditation, if any.

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### 1.3.5. Stage 5: Supporting Documents

1. **Upload** all the **highlighted mandatory** documents under **Supporting Documents**. Click **SAVE AS DRAFT** at any point to save progress.

*Note: Multiple documents can be uploaded in each section.*

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company InformationFacility InformationBiological Agents & ToxinsOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

Facility Administrative Oversight Plan \*

UPLOAD

Facility Layout \*

UPLOAD

Biosafety Coordinator's Certificates \*

UPLOAD

Approval/Endorsement: Biosafety Committee \*

UPLOAD

Application Letter

UPLOAD

Risk Assessment and Management \*

UPLOAD

Facility Biosafety and Biosecurity Manual \*

UPLOAD

Emergency Response Plan \*

UPLOAD

Inventory Template

UPLOAD

Others

UPLOAD

< Back

SAVE AS DRAFT

NEXT

2. **Upload the Facility Administrative Oversight Plan.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Facility Administrative Oversight Plan \***

**UPLOAD**

3. **Upload the Facility Layout.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Facility Layout \***

**UPLOAD**

4. **Upload the Biosafety Coordinator's Certificates.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Biosafety Coordinator's Certificates \***

**UPLOAD**

5. **Upload the Approval/Endorsement: Biosafety Committee.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Approval/Endorsement: Biosafety Committee \***

**UPLOAD**

6. **Upload the Application Letter.** Click **UPLOAD** and select the document to upload

*Note: This section is optional.*

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Application Letter**

**UPLOAD**

7. **Upload the Risk Assessment and Management.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Risk Assessment and Management \***

UPLOAD

8. **Upload the Facility Biosafety and Biosecurity Manual.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Facility Biosafety and Biosecurity Manual \***

UPLOAD

9. **Upload the Emergency Response Plan.** Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Emergency Response Plan \***

UPLOAD

10. **Upload the Inventory Template.** Click **UPLOAD** and select the document to upload

*Note: This section is optional.*

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

**Inventory Template**

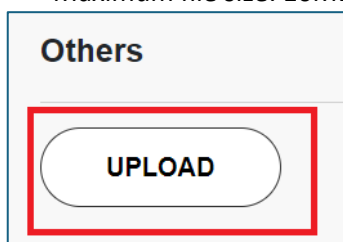
UPLOAD

11. **Upload** any other relevant supporting documents under **Others**. Click **UPLOAD** and select the document to upload.

*Note: This section is optional.*

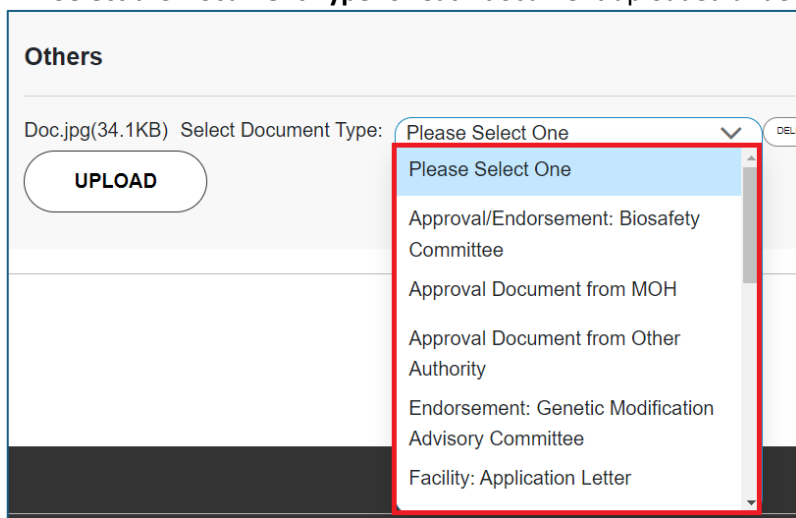
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB



The screenshot shows a light gray box with the title "Others" at the top. Below the title, there is a rounded rectangular button with the word "UPLOAD" in black capital letters. The button is highlighted with a red rectangular border.

12. **Select the Document Type** for each document uploaded under **Others** section.



The screenshot shows the "Others" section of a form. It displays a document upload area with the text "Doc.jpg(34.1KB)" and a "Select Document Type:" label. Below the label is a dropdown menu with a red border. The dropdown menu is open, showing a list of options: "Please Select One", "Approval/Endorsement: Biosafety Committee", "Approval Document from MOH", "Approval Document from Other Authority", "Endorsement: Genetic Modification Advisory Committee", and "Facility: Application Letter". The "Please Select One" option is highlighted in blue. To the right of the dropdown menu, there is a "DELETE" button.

13. Upon successful upload, the hyperlink of each uploaded document will be displayed. When all the **mandatory** documents have been **uploaded**, click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress. Click **Delete** to remove an uploaded document. Click the **file name hyperlink** to download the uploaded file.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

Facility Administrative Oversight Plan \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Facility Layout \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Biosafety Coordinator's Certificates \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Approval/Endorsement: Biosafety Committee \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Application Letter

UPLOAD

Risk Assessment and Management \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Facility Biosafety and Biosecurity Manual \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Emergency Response Plan \*

Facility-Administrative-Oversight-Plan-Placeholder-input.docx(13.0KB) [more](#)

UPLOAD

Inventory Template

UPLOAD

Others

UPLOAD

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SAVE AS DRAFT

NEXT

### 1.3.6. Stage 6: Approved Facility Certifier

1. Fill in the **highlighted mandatory** field. Click **SAVE AS DRAFT** at any point to save progress.

The screenshot shows the 'New Facility Registration' form at Stage 6: Approved Facility Certifier. The progress bar at the top indicates that steps 1 through 5 are completed, and step 6 is the current stage. The form title is 'New Facility Registration'. Below the title, it states: 'You are applying for **Uncertified Facility** with facility activity type: Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent'. The progress bar shows steps: 1. Company Information, 2. Facility Information, 3. Biological Agents & Toxins, 4. Other Application Information, 5. Supporting Documents, 6. Approved Facility Certifier (highlighted), and 7. Preview & Submit. The main form area is titled 'Approved Facility Certifier'. It contains a question: 'Has the facility appointed an Approved Facility Certifier \*' with an information icon. There are two radio button options: 'Yes' and 'No'. The 'Yes' option is highlighted with a red box. At the bottom, there are two buttons: 'SAVE AS DRAFT' and 'NEXT'.

2. Select whether the facility has appointed an **Approved Facility Certifier**.

This is a close-up of the question 'Has the facility appointed an Approved Facility Certifier \*' with an information icon. To the right of the question are two radio button options: 'Yes' and 'No'. Both options are highlighted with a red box.

3. If **Yes** was selected, select the name of the appointed **Approved Facility Certifier**.

This screenshot shows the 'Approved Facility Certifier' section of the form. The question 'Has the facility appointed an Approved Facility Certifier \*' is shown with the 'Yes' radio button selected. Below the question is a dropdown menu labeled 'Select Approved Facility Certifier \*'. The dropdown menu is open, showing a list of options: 'Please Select', 'Biosafety Biosecurity International', 'Laboratory Biorisk Consultancy & Training Pte Ltd', 'MCE Consulting', 'Riskren Pte Ltd', 'World BioHazTec Ptd Ltd', and 'BioSing Certifier'. The 'BioSing Certifier' option is highlighted with a red box. At the bottom right, there is a 'NEXT' button.

4. Ensure all **mandatory** fields are completed and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Biological Agents & Toxins

4 ✓  
Other Application Information

5 ✓  
Supporting Documents

6  
Approved Facility Certifier

7 1  
Preview & Submit

### Approved Facility Certifier

Has the facility appointed an Approved Facility Certifier \*

☒ Yes ☐ No

Select Approved Facility Certifier \*

BioSing Certifier ▼

[< Back](#)

SAVE AS DRAFTNEXT

### 1.3.7. Stage 7: Preview & Submit

1. In the **Preview & Submit** page, review the information that was provided in the application.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent**

1 ✓

2 ✓

3 ✓

4 ✓

5 ✓

6 ✓

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Print

Company Information ✓

Facility Information ✓

Biological Agents & Toxins ✓

Other Application Information ✓

Supporting Documents ✓

Approved Facility Certifier ✓

Remarks

☐ I will ensure that the packaging of the materials and the transfer are carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations.

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

< Back

SAVE AS DRAFT

SUBMIT

2. Click on **Company Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Company Information** or the **arrow** again.

Company Information ✓

Company Profile

UEN

346039030H

Company Name

Ben Aw Yong

Postal Code

117438

Address Type

Apt Blk

Block / House No.

10

Floor No.

10

Unit No.

01

Street Name

Pasir Panjang Road

3. Click on **Facility Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Facility Information** or the **arrow** again.

 **Facility Information** 

Edit

**Facility Profile**

Facility Name

Is the Facility address the same as the company address?

Postal Code

Address Type

Block / House No.

Floor and Unit No.

Street Name

Is the facility a Protected Place?

Test UCF Facility

No

456789

Apt Blk

365

4 - 4

Toa Payoh Road

Yes

**Facility Operator Profile**

Designation of Facility Operator

**Facility Operator Designee**

Salutation

Name

ID No.

Nationality

Designation

Contact No.

Email

Employment Start Date

Lead Officer

Dr

John Lee

S4791328D

Singaporean

Lead Officer

82345678

john\_lee@gmail.com

22/11/2022

**Facility Administrator/Officer**

**Facility Administrator**

Salutation

Name

Nationality

NRIC/FIN

Designation

Contact No.

Email Address

Employment Start Date

Dr

Ben Aw Yong

Singaporean

S6469777C

Officer

82345678

ben.awyong@gmail.com

08/11/2022

**Alternate Administrator**

Salutation

Name

Nationality

NRIC/FIN

Designation

Contact No.

Email Address

Employment Start Date

Dr

Caleb Tan

Singaporean

S7761883Z

Officer

92345678

caleb.tan@gmail.com

22/11/2022

**Biosafety Committee**

[View Biosafety Committee Information](#)

**Personnel Authorised to Access the Facility**

[View Authorised Personnel Information](#)

Click **Edit** to return to the **Facility Information** section (Stage 2) to make changes.

 **Facility Information** 

Edit

**Facility Profile**

- Click on **Biological Agents & Toxins** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Biological Agents & Toxins** or the **arrow** again.

^ **Biological Agents & Toxins** ✔
✎ Edit

|                                                                               |                                                 |
|-------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Possession of First Schedule Biological Agent</b>                          |                                                 |
| Schedule                                                                      | First Schedule Part I                           |
| Name of Biological Agent                                                      | BRUCELLA CANIS                                  |
| Types of samples that will be handled                                         | Culture/isolate of biological agent             |
| Type of work that will be carried out involving the biological agent          | Culturing/isolation of biological agent         |
| Mode of Procurement                                                           | Local Transfer                                  |
| <b>Details of Transferring Facility</b>                                       |                                                 |
| Block No.                                                                     | 456                                             |
| Floor & Unit                                                                  | 4 - 4                                           |
| Street                                                                        | Toa Payoh Road                                  |
| Postal Code                                                                   | 456789                                          |
| <b>Details of Contact Person from Transferring Facility</b>                   |                                                 |
| Name                                                                          | Choo Xiao Ming                                  |
| Email address                                                                 | xiao.ming@gmail.com                             |
| Contact No.                                                                   | 82345678                                        |
| Expected Date of Transfer                                                     | 23/11/2022                                      |
| Name of Courier Service Provider                                              | Sample Service Provider                         |
| Remarks                                                                       | Some Remarks                                    |
| <b>Possession of Fifth Schedule Toxin</b>                                     |                                                 |
| Name of Toxin                                                                 | BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G) |
| Types of samples that will be handled                                         | Culture/isolate of biological agent             |
| Type of work that will be carried out involving the toxin                     | Culturing/isolation of biological agent         |
| Mode of Procurement                                                           | Local Transfer                                  |
| <b>Details of Transferring Facility</b>                                       |                                                 |
| Block No.                                                                     | 456                                             |
| Floor & Unit                                                                  | 4 - 4                                           |
| Street                                                                        | Toa Payoh Road                                  |
| Postal Code                                                                   | 256789                                          |
| <b>Details of Contact Person from Transferring Facility</b>                   |                                                 |
| Name                                                                          | Choo Jiao Ming                                  |
| Email address                                                                 | jiao.ming@gmail.com                             |
| Contact No.                                                                   | 82345678                                        |
| Expected Date of Transfer                                                     | 22/11/2022                                      |
| Name of Courier Service Provider                                              | Sample Service Provider                         |
| Remarks                                                                       | Sample Remark                                   |
| <b>Large-Scale Production of First and/or Third Schedule Biological Agent</b> |                                                 |
| Schedule                                                                      | Third Schedule                                  |
| Name of Biological Agent                                                      | BORDETELLA PERTUSSIS                            |
| Estimated maximum volume (in litres) of production at any one time            | 1000                                            |
| Method or system used for large scale production                              | Sample Method                                   |
| Mode of Procurement                                                           | Local Transfer                                  |
| <b>Details of Transferring Facility</b>                                       |                                                 |
| Block No.                                                                     | 456                                             |
| Floor & Unit                                                                  | 4 - 4                                           |
| Street                                                                        | Toa Payoh Road                                  |
| Postal Code                                                                   | 356789                                          |
| <b>Details of Contact Person from Transferring Facility</b>                   |                                                 |
| Name                                                                          | Sally Tan                                       |
| Email address                                                                 | sally.tan@gmail.com                             |
| Contact No.                                                                   | 82345678                                        |
| Expected Date of Transfer                                                     | 22/11/2022                                      |
| Name of Courier Service Provider                                              | Sample Service Provider                         |
| Remarks                                                                       | Sample Remarks                                  |

Click **Edit** to return to the **Biological Agents & Toxins** section (Stage 3) to make changes.

^ **Biological Agents & Toxins** ✔
✎ Edit

5. Click on **Other Application Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Other Application Information** or the **arrow** again.


**Other Application Information** ✔

[Edit](#)

**Declaration**

I, hereby declare the following:

|                                                                                                                                                                                                                                                             |                                      |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| 1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.                                                                      | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.                                                                                                                    | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement. | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.      | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:                                                                                     | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

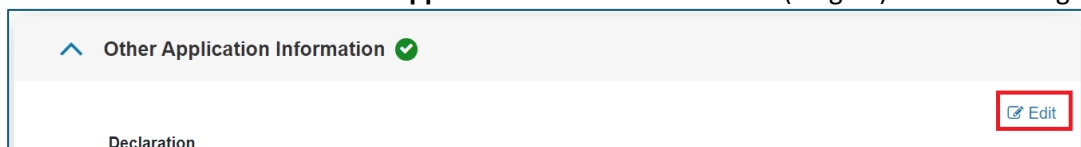
**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

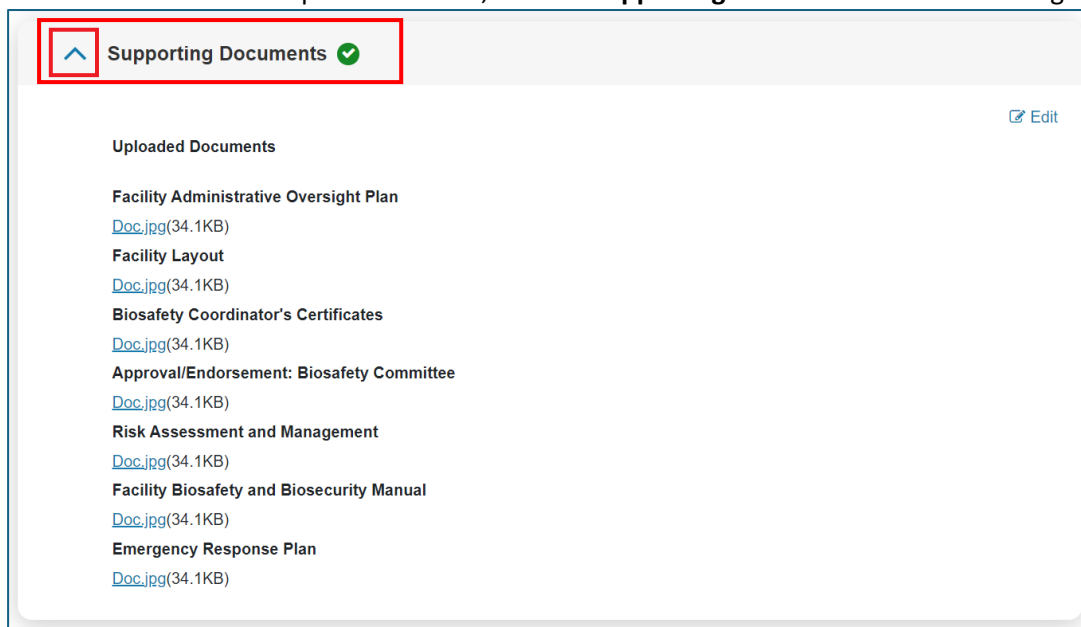
- Application letter containing the following information:
  - The name of the [Facility Operator](#) designee;
  - Address of the facility where the intended work will be conducted;
  - The reason for the application;
  - The name of the biological agent and/or toxin; and
  - The justification of how and why the work involving the biological agent and/or toxin can be carried out safely and securely in the intended facility. This may include facility design, the use of laboratory safety equipment, personal protective equipment, good microbiological practices and procedures, as well as reliable and competent personnel.
- Details of the facility's biorisk management programme.
- Documentation of approval from the Biosafety Committee for the intended work.
- Documentation of endorsement from the Genetic Modification Advisory Committee (if the intended work involves genetic modification of microorganism(s) or handling of genetically modified microorganism(s)).
- Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.
- Facility Administrative Oversight Plan.
- Facility layout/floorplan.
- Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).
- List of all location(s) in the facility where the biological agent and/or toxin will be handled (including storage) and specify the corresponding work activities that will be carried out at each location (mapped to facility floorplan, as provided in #7). The information can be provided in a table format.
- Risk assessments for the intended work conducted/reviewed/endorsed by the Biosafety Committee.
- Safety and security records related to facility certification, inspection, accreditation, if any.

Click **Edit** to return to the **Other Application Information** section (Stage 4) to make changes.



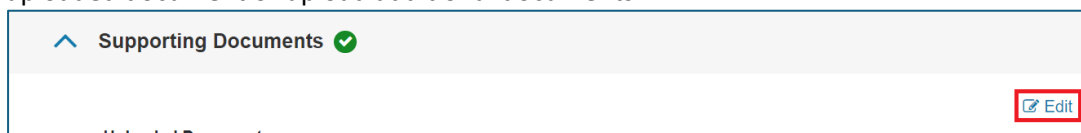
The screenshot shows the header for the 'Other Application Information' section, which includes a green checkmark icon. Below the header, the word 'Declaration' is visible. An 'Edit' button with a pencil icon is located in the top right corner of the section.

6. Click on **Supporting Documents** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Supporting Documents** or the **arrow** again.



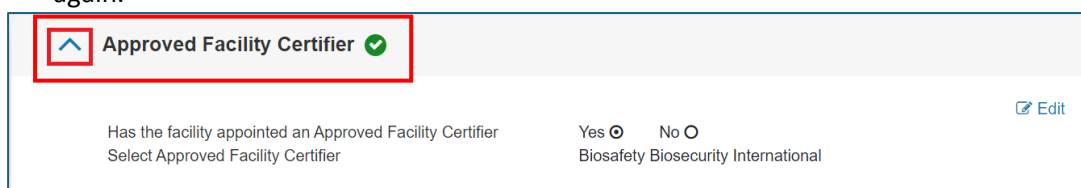
The screenshot displays the 'Supporting Documents' section header with a green checkmark. Below the header, there is a list of uploaded documents under the heading 'Uploaded Documents'. The documents listed are: Facility Administrative Oversight Plan, Facility Layout, Biosafety Coordinator's Certificates, Approval/Endorsement: Biosafety Committee, Risk Assessment and Management, Facility Biosafety and Biosecurity Manual, and Emergency Response Plan. Each document name is followed by a 'Doc.jpg(34.1KB)' link. An 'Edit' button with a pencil icon is located in the top right corner of the section.

Click **Edit** to return to the **Supporting Documents** section (Stage 5) to delete or replace an uploaded document or upload additional documents.



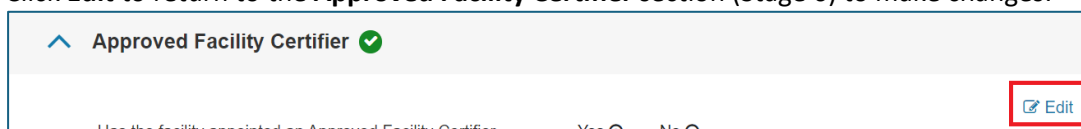
The screenshot shows the header for the 'Supporting Documents' section, which includes a green checkmark icon. Below the header, the word 'Uploaded Documents' is visible. An 'Edit' button with a pencil icon is located in the top right corner of the section.

7. Click on **Approved Facility Certifier** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Approved Facility Certifier** or the **arrow** again.



The screenshot displays the 'Approved Facility Certifier' section header with a green checkmark. Below the header, there is a form with two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected. Below the radio buttons, there is a text field labeled 'Select Approved Facility Certifier' and a text field labeled 'Biosafety Biosecurity International'. An 'Edit' button with a pencil icon is located in the top right corner of the section.

Click **Edit** to return to the **Approved Facility Certifier** section (Stage 6) to make changes.



The screenshot shows the header for the 'Approved Facility Certifier' section, which includes a green checkmark icon. Below the header, the text 'Has the facility appointed an Approved Facility Certifier' is visible. An 'Edit' button with a pencil icon is located in the top right corner of the section.

8. Enter **Remarks**, if applicable.

|         |             |
|---------|-------------|
| Remarks | <div></div> |
|---------|-------------|

9. **Mark the checkbox for each declaration.**

*Note: Declarations displayed may differ depending on the Mode of Procurement selected.*

☐

I will ensure that the packaging of the materials and the transfer are carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations.

☐

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

10. Ensure that the checkbox for each declaration has been checked. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the application.

## New Facility Registration

You are applying for **Uncertified Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

Company Information

2

Facility Information

3

Biological Agents & Toxins

4

Other Application Information

5

Supporting Documents

6

Approved Facility Certifier

7

Preview & Submit

Print

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☒ I will ensure that the packaging of the materials and the transfer are carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations.

☒ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

< Back

SAVE AS DRAFT

SUBMIT

11. Upon successful submission of the application, an **acknowledgement** message will be displayed. An **Application Number** is generated to track the application. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

Dashboard

eServices

John

New Facility Registration

Your submission is successful.

Uncertified Facility with Facility Activity Type:

- Possession of First Schedule Biological Agent
- Possession of Fifth Schedule Toxin
- Large-Scale Production of First and/or Third Schedule Biological Agent

We will notify you of the status of the application or if additional information is required.

Application Number

Date & Time

A240531UCF001

31/05/2024 15:26:34

PRINT

HOME

12. A notification of acknowledgement of submission can be found in the **Inbox**. Click the **hyperlink** under **Subject** to view the content.

| <input type="checkbox"/> | Subject                                                                                       | Message Type                                       | Facility Name | Reference Number | Submission Type           | Date of Notification |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|------------------|---------------------------|----------------------|
| <input type="checkbox"/> | <a href="#">MOH Biosafety - [Notification]: Acknowledgement of Submission - A240531UCF001</a> | Notification – System generated email notification | Test UCF UG   | N240531UCF009    | New Facility Registration | 31/05/2024 15:26:35  |

13. From the **Dashboard**, click the **Applications** tab to view the submitted application. Verify that the status of the submitted application is **Pending MOH**.

Dashboard

eServices

John

New Messages

951

Application Drafts

0

Active Facilities

36

Active Approvals

99

Last Login: | Last Activity: N/A, On

Inbox (951)

Applications

Facilities

Approvals

Certifications/  
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<< < 1 > >>

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

A240531UCF001

Test UCF UG

New

Facility Registration

Pending MOH

31/05/2024 15:26:34

Select

## 1.4. NEW FACILITY REGISTRATION – BIOMANUFACTURING (LARGE-SCALE PRODUCTION) FACILITY

1. Select **Biomanufacturing (Large-Scale Production) Facility** for **Facility Classification**.

# New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

- ☐ Certified High Containment (BSL-3) Facility
- ☐ Certified Maximum Containment (BSL-4) Facility
- ☐ Uncertified Facility
- ☐ Biomanufacturing (Large-Scale Production) Facility
- ☐ Registered Facility

[< Back](#)[CONTINUE](#)

2. Once **Biomanufacturing (Large-Scale Production) Facility** has been selected, a list of **Facility Activity Type** will be displayed. Select the desired **Facility Activity Type(s)** and click **CONTINUE**.

*Note: The facility activity type **Large Scale Production of First and/or Third Schedule Biological Agent** is selected by default.*

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

### Facility Classification

- ☐ Certified High Containment (BSL-3) Facility
- ☐ Certified Maximum Containment (BSL-4) Facility
- ☐ Uncertified Facility
- ☒ Biomanufacturing (Large-Scale Production) Facility
- ☐ Registered Facility

### Facility Activity Type \*

- ☐ Possession of First Schedule Biological Agent
- ☐ Possession of Fifth Schedule Toxin
- ☒ Large-Scale Production of First and/or Third Schedule Biological Agent

[< Back](#)

**CONTINUE**

### 1.4.1. Stage 1: Company Information

1. The system will redirect to the **Company Information** page of the **New Facility Registration for Biomanufacturing (Large-Scale Production) Facility**. Verify that the information displayed are correct before proceeding. Click **SAVE AS DRAFT** at any point to save progress. Refer to [Section 2](#) for the steps to retrieve and resume working on a saved draft. Click **NEXT** to proceed.

**New Facility Registration**

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

Progress bar steps: 1. Company Information, 2. Facility Information, 3. Biological Agents & Toxins, 4. Other Application Information, 5. Supporting Documents, 6. Approved Facility Certifier, 7. Preview & Submit.

**Company Profile**

|                  |                    |
|------------------|--------------------|
| UEN              | 423416813Z         |
| Company Name     | John               |
| Postal Code      | 117438             |
| Address Type     | Apt Bldg           |
| Block / House No | 10                 |
| Floor No.        | 10                 |
| Unit No.         | 01                 |
| Street Name      | Pasir Panjang Road |

< Back      SAVE AS DRAFT      NEXT

### 1.4.2. Stage 2: Facility Information

The steps to complete the Facility Information section for a Biomanufacturing (Large-Scale Production) Facility are the same as that for a Certified High Containment (BSL-3) Facility. Refer to the relevant sub-sections for details.

#### 1.4.2.1. Stage 2.1: Facility Profile

Refer to the steps listed in [Section 1.1.2.1 Stage 2.1](#) to complete this section.

#### 1.4.2.2. Stage 2.2: Facility Operator

Refer to the steps listed in [Section 1.1.2.2 Stage 2.2](#) to complete this section.

#### **1.4.2.3. Stage 2.3: Facility Administrator/Officer**

Refer to the steps listed in [Section 1.1.2.3 Stage 2.3](#) to complete this section.

#### **1.4.2.4. Stage 2.4: Biosafety Committee**

Refer to the steps listed in [Section 1.1.2.4 Stage 2.4](#) to complete this section.

#### **1.4.2.5. Stage 2.5: Authorised Personnel**

Refer to the steps listed in [Section 1.1.2.5 Stage 2.5](#) to complete this section.

### **1.4.3. Stage 3: Biological Agents & Toxins**

The steps to complete the Biological Agents & Toxins section for a Biomanufacturing (Large-Scale Production) Facility are the same as that for an Uncertified Facility, based on the Facility Activity Type selected. Refer to the relevant sub-sections for details.

#### **1.4.3.1. Stage 3.1: Possession of First Schedule Biological Agent**

This section is applicable if **Possession of First Schedule Biological Agent** was selected as a **Facility Activity Type**.

Refer to the steps listed in [Section 1.3.3.1 Stage 3.1](#) to complete this section.

#### **1.4.3.2. Stage 3.2: Possession of Fifth Schedule Toxin**

This section is applicable if **Possession of Fifth Schedule Toxin** was selected as a **Facility Activity Type**.

Refer to the steps listed in [Section 1.3.3.2 Stage 3.2](#) to complete this section.

#### **1.4.3.3. Stage 3.3: Large-Scale Production of First and/or Third Schedule Biological Agent**

This section is applicable if **Large-Scale Production of First and/or Third Schedule Biological Agent** was selected as a **Facility Activity Type**.

Refer to the steps listed in [Section 1.3.3.3 Stage 3.3](#) to complete this section.

## 1.4.4. Stage 4: Other Application Information

1. Fill in all **highlighted mandatory fields**. Click **SAVE AS DRAFT** at any point to save progress.

### New Facility Registration

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Declaration

I, hereby declare the following:

1. The Facility Operator and the Facility Operator Designee are informed of their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☐ Yes ☐ No

2. The Biosafety Committee is informed of its responsibilities stipulated under the Biological Agents and Toxins Act.

☐ Yes ☐ No

3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement.

☐ Yes ☐ No

4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.

☐ Yes ☐ No

5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☐ Yes ☐ No

Other Information

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

Supporting Documents

1. Application letter containing the following information:

- The name of the [Facility Operator](#) designee;
- Address of the facility where the intended work will be conducted;
- The reason for the application;
- The name of the biological agent and/or toxin; and
- The justification of how and why the work involving the biological agent and/or toxin can be carried out safely and securely in the intended facility. This may include facility design, the use of laboratory safety equipment, personal protective equipment, good microbiological practices and procedures, as well as reliable and competent personnel.

2. Description of the biosafety and biosecurity engineering controls at the facility.

3. Details of the facility's biorisk management programme.

4. Documentation of approval from the Biosafety Committee for the intended work.

5. Documentation of approval from the Health Sciences Authority and any other relevant ministry or statutory board, where applicable.

6. Documentation of endorsement from the Genetic Modification Advisory Committee (if the intended work involves genetic modification of microorganism or handling of genetically modified microorganism).

7. Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.

8. Facility Administrative Oversight Plan.

9. Facility layout/floorplan.

10. Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).

11. List of the location (mapped to the facility floorplan, as provided in #9) in the facility where biological agent(s) will be handled (including storage) and specify the corresponding work activities that will be carried out at each location. The information can be provided in a table format.

12. Risk assessments for the intended work conducted/reviewed/endorsed by the Biosafety Committee.

13. Safety and security records related to facility certification, inspection, accreditation, if any.

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SAVE AS DRAFT

NEXT

## 2. Select the input for each declaration:

1. The Facility Operator and the Facility Operator Designee are informed of and will carry out their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☐ Yes ☐ No

2. The Biosafety Committee is informed of and will carry out its responsibilities stipulated under the Biological Agents and Toxins Act.

☐ Yes ☐ No

3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement.

☐ Yes ☐ No

4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.

☐ Yes ☐ No

5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

☐ Yes ☐ No

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

3. Fill in all **mandatory** fields and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

*Note: With the exception of the declaration related to work involving genetically modified microorganisms, which can accept either input, “Yes” must be selected for all remaining declarations, to proceed.*

## New Facility Registration

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

### Declaration

I, hereby declare the following:

1. The Facility Operator and the Facility Operator Designee are informed of their responsibilities as Facility Operator under the Biological Agents and Toxins Act.

☒ Yes☐ No

2. The Biosafety Committee is informed of its responsibilities stipulated under the Biological Agents and Toxins Act.

☒ Yes☐ No

3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement.

☒ Yes☐ No

4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.

☒ Yes☐ No

5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

☒ Yes☐ No

### Other Information

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

#### Supporting Documents

- Application letter containing the following information:
  - The name of the Facility Operator designee;
  - Address of the facility where the intended work will be conducted;
  - The reason for the application;
  - The name of the biological agent and/or toxin; and
  - The justification of how and why the work involving the biological agent and/or toxin can be carried out safely and securely in the intended facility. This may include facility design, the use of laboratory safety equipment, personal protective equipment, good microbiological practices and procedures, as well as reliable and competent personnel.
- Description of the biosafety and biosecurity engineering controls at the facility.
- Details of the facility's biorisk management programme.
- Documentation of approval from the Biosafety Committee for the intended work.
- Documentation of approval from the Health Sciences Authority and any other relevant ministry or statutory board, where applicable.
- Documentation of endorsement from the Genetic Modification Advisory Committee (if the intended work involves genetic modification of microorganism or handling of genetically modified microorganism).
- Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.
- Facility Administrative Oversight Plan.
- Facility layout/floorplan.
- Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).
- List of the location (mapped to the facility floorplan, as provided in #9) in the facility where biological agent(s) will be handled (including storage) and specify the corresponding work activities that will be carried out at each location. The information can be provided in a table format.
- Risk assessments for the intended work conducted/reviewed/endorsed by the Biosafety Committee.
- Safety and security records related to facility certification, inspection, accreditation, if any.

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## 1.4.5. Stage 5: Supporting Documents

1. Upload all the **highlighted mandatory** documents under **Supporting Documents**. Click **SAVE AS DRAFT** at any point to save progress.

*Note: Multiple documents can be uploaded in each section.*

### New Facility Registration

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

2

3

4

5

6

7

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

#### Supporting Documents

Facility Administrative Oversight Plan \*

UPLOAD

Facility Layout and ACMV Schematics \*

UPLOAD

Biosafety Coordinator's Certificates \*

UPLOAD

Approval/Endorsement: Biosafety Committee \*

UPLOAD

Application Letter

UPLOAD

Risk Assessment and Management \*

UPLOAD

Facility Biosafety and Biosecurity Manual \*

UPLOAD

Emergency Response Plan \*

UPLOAD

Others

UPLOAD

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SAVE AS DRAFT

NEXT

2. **Upload the Facility Administrative Oversight Plan.** Click **UPLOAD** and select the document to upload.  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB

**Facility Administrative Oversight Plan \***

**UPLOAD**

3. **Upload the Facility Layout and ACMV Schematics.** Click **UPLOAD** and select the document to upload.  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB

**Facility Layout and ACMV Schematics \***

**UPLOAD**

4. **Upload the Biosafety Coordinator's Certificates.** Click **UPLOAD** and select the document to upload  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB

**Biosafety Coordinator's Certificates \***

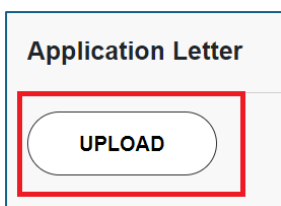
**UPLOAD**

5. **Upload the Approval/Endorsement: Biosafety Committee.** Click **UPLOAD** and select the document to upload.  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB

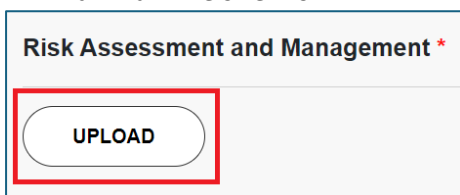
**Approval/Endorsement: Biosafety Committee \***

**UPLOAD**

6. **Upload the Application Letter.** Click **UPLOAD** and select the document to upload  
Note: *This section is optional.*  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



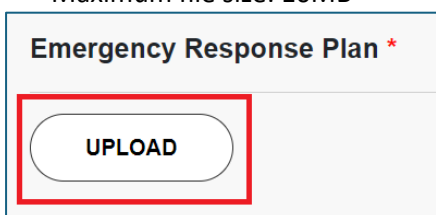
7. **Upload the Risk Assessment and Management.** Click **UPLOAD** and select the document to upload.  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



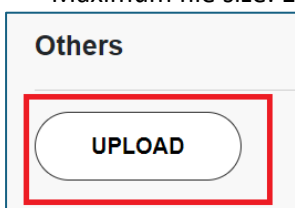
8. **Upload the Facility Biosafety and Biosecurity Manual.** Click **UPLOAD** and select the document to upload.  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



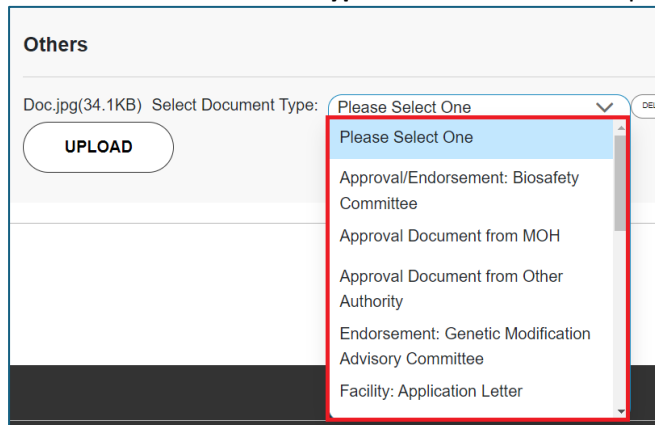
9. **Upload the Emergency Response Plan.** Click **UPLOAD** and select the document to upload.  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



10. **Upload any other relevant supporting documents under Others.** Click **UPLOAD** and select the document to upload.  
Note: *This section is optional.*  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



11. Select the **Document Type** for each document uploaded under **Others** section.



The screenshot shows a web interface with a section titled "Others". Below the title, there is a text input field containing "Doc.jpg(34.1KB)" and a label "Select Document Type:". To the right of the label is a dropdown menu currently displaying "Please Select One". A red rectangular box highlights the dropdown menu, which is open, showing a list of options: "Please Select One", "Approval/Endorsement: Biosafety Committee", "Approval Document from MOH", "Approval Document from Other Authority", "Endorsement: Genetic Modification Advisory Committee", and "Facility: Application Letter". To the left of the dropdown menu is an "UPLOAD" button. To the right of the dropdown menu is a "DELETE" button.

Others

Doc.jpg(34.1KB) Select Document Type: Please Select One

UPLOAD

DELETE

- Please Select One
- Approval/Endorsement: Biosafety Committee
- Approval Document from MOH
- Approval Document from Other Authority
- Endorsement: Genetic Modification Advisory Committee
- Facility: Application Letter

12. Upon successful upload, the hyperlink of each uploaded document will be displayed. When all the **mandatory** documents have been **uploaded**, click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress. Click **Delete** to remove an uploaded document. Click the **file name hyperlink** to download the uploaded file.

## New Facility Registration

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type: **Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

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4

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6

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Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

Facility Administrative Oversight Plan \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Facility Layout and ACMV Schematics \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Biosafety Coordinator's Certificates \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Approval/Endorsement: Biosafety Committee \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Application Letter

UPLOAD

Risk Assessment and Management \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Facility Biosafety and Biosecurity Manual \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Emergency Response Plan \*

Facility-Administrative-Oversight-Plan-Placeholder-Input.docx(13.0KB) [Delete](#)

UPLOAD

Others

UPLOAD

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SAVE AS DRAFT

NEXT

### 1.4.6. Stage 6: Approved Facility Certifier

The steps to complete the Approved Facility Certifier section for a Biomanufacturing (Large-Scale Production) Facility are the same as that for an Uncertified Facility. Refer to the steps listed in [Section 1.3.6 Stage 6](#) to complete this section.

### 1.4.7. Stage 7: Preview & Submit

1. In the **Preview & Submit** page, review the information that was provided in the application.

## New Facility Registration

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type:  
**Large-Scale Production of First and/or Third Schedule Biological Agent**

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Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Print

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☐

I will ensure that the packaging of the materials and the transfer are carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations.

☐

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

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SAVE AS DRAFT

SUBMIT

2. Click on **Company Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Company Information** or the **arrow** again.

 **Company Information** ✓

**Company Profile**

|                   |                    |
|-------------------|--------------------|
| UEN               | 346039030H         |
| Company Name      | Ben Aw Yong        |
| Postal Code       | 117438             |
| Address Type      | Apt Blk            |
| Block / House No. | 10                 |
| Floor No.         | 10                 |
| Unit No.          | 01                 |
| Street Name       | Pasir Panjang Road |

3. Click on **Facility Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Facility Information** or the **arrow** again.

 **Facility Information** ✓ [Edit](#)

**Facility Profile**

|                                                          |                   |
|----------------------------------------------------------|-------------------|
| Facility Name                                            | Test BMF Facility |
| Is the Facility address the same as the company address? | No                |
| Postal Code                                              | 356789            |
| Address Type                                             | Apt Blk           |
| Block / House No.                                        | 456               |
| Floor and Unit No.                                       | 4 - 4             |
| Street Name                                              | Toa Payoh Road    |
| Is the facility a Protected Place?                       | Yes               |

**Facility Operator Profile**

|                                  |              |
|----------------------------------|--------------|
| Designation of Facility Operator | Lead Officer |
|----------------------------------|--------------|

**Facility Operator Designee**

|                       |                    |
|-----------------------|--------------------|
| Salutation            | Dr                 |
| Name                  | John Lee           |
| ID No.                | S7445894G          |
| Nationality           | Singaporean        |
| Designation           | Lead Officer       |
| Contact No.           | 82345678           |
| Email                 | john_lee@gmail.com |
| Employment Start Date | 23/11/2022         |

**Facility Administrator/Officer****Facility Administrator**

|                       |                      |
|-----------------------|----------------------|
| Salutation            | Dr                   |
| Name                  | Ben Aw Yong          |
| Nationality           | Singaporean          |
| NRIC/FIN              | S6469777C            |
| Designation           | Officer              |
| Contact No.           | 82345678             |
| Email Address         | ben.awyong@gmail.com |
| Employment Start Date | 09/11/2022           |

**Alternate Administrator**

|                       |                     |
|-----------------------|---------------------|
| Salutation            | Dr                  |
| Name                  | Caleb Tan           |
| Nationality           | Singaporean         |
| NRIC/FIN              | S4887137B           |
| Designation           | Officer             |
| Contact No.           | 92345678            |
| Email Address         | caleb.tan@gmail.com |
| Employment Start Date | 23/11/2022          |

**Biosafety Committee**  
[View Biosafety Committee Information](#)  
**Personnel Authorised to Access the Facility**  
[View Authorised Personnel Information](#)

Click **Edit** to return to the **Facility Information** section (Stage 2) to make changes.

 **Facility Information** ✓ [Edit](#)

**Facility Profile**

4. Click on **Biological Agents & Toxins** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Biological Agents & Toxins** or the **arrow** again.

^ **Biological Agents & Toxins** ✔

[Edit](#)

|                                                                               |                                                 |
|-------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Possession of First Schedule Biological Agent</b>                          |                                                 |
| Schedule                                                                      | First Schedule Part I                           |
| Name of Biological Agent                                                      | BRUCELLA CANIS                                  |
| Types of samples that will be handled                                         | Culture/isolate of biological agent             |
| Type of work that will be carried out involving the biological agent          | Culturing/isolation of biological agent         |
| Mode of Procurement                                                           | Local Transfer                                  |
| <b>Details of Transferring Facility</b>                                       |                                                 |
| Block No.                                                                     | 456                                             |
| Floor & Unit                                                                  | 4 - 4                                           |
| Street                                                                        | Toa Payoh Road                                  |
| Postal Code                                                                   | 456789                                          |
| <b>Details of Contact Person from Transferring Facility</b>                   |                                                 |
| Name                                                                          | Sally Tan                                       |
| Email address                                                                 | sally_tan@gmail.com                             |
| Contact No.                                                                   | 82345678                                        |
| Expected Date of Transfer                                                     | 23/11/2022                                      |
| Name of Courier Service Provider                                              | Sample Service Provider                         |
| Remarks                                                                       | Sample Remarks                                  |
| <b>Possession of Fifth Schedule Toxin</b>                                     |                                                 |
| Name of Toxin                                                                 | BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G) |
| Types of samples that will be handled                                         | Culture/isolate of biological agent             |
| Type of work that will be carried out involving the toxin                     | Culturing/isolation of biological agent         |
| Mode of Procurement                                                           | Local Transfer                                  |
| <b>Details of Transferring Facility</b>                                       |                                                 |
| Block No.                                                                     | 456                                             |
| Floor & Unit                                                                  | 4 - 4                                           |
| Street                                                                        | Toa Payoh Road                                  |
| Postal Code                                                                   | 456789                                          |
| <b>Details of Contact Person from Transferring Facility</b>                   |                                                 |
| Name                                                                          | Sally Tan                                       |
| Email address                                                                 | sally_tan@gmail.com                             |
| Contact No.                                                                   | 82345678                                        |
| Expected Date of Transfer                                                     | 23/11/2022                                      |
| Name of Courier Service Provider                                              | Sample Service Provider                         |
| Remarks                                                                       | Sample Remarks                                  |
| <b>Large-Scale Production of First and/or Third Schedule Biological Agent</b> |                                                 |
| Schedule                                                                      | First Schedule Part I                           |
| Name of Biological Agent                                                      | BRUCELLA CANIS                                  |
| Estimated maximum volume (in litres) of production at any one time            | 1000                                            |
| Method or system used for large scale production                              | Sample Method                                   |
| Mode of Procurement                                                           | Local Transfer                                  |
| <b>Details of Transferring Facility</b>                                       |                                                 |
| Block No.                                                                     | 456                                             |
| Floor & Unit                                                                  | 4 - 4                                           |
| Street                                                                        | Toa Payoh Street                                |
| Postal Code                                                                   | 456789                                          |
| <b>Details of Contact Person from Transferring Facility</b>                   |                                                 |
| Name                                                                          | Sally Tan                                       |
| Email address                                                                 | sally_tan@gmail.com                             |
| Contact No.                                                                   | 82345678                                        |
| Expected Date of Transfer                                                     | 23/11/2022                                      |
| Name of Courier Service Provider                                              | Sample Service Provider                         |
| Remarks                                                                       | Sample Remarks                                  |

Click **Edit** to return to the **Biological Agents & Toxins**, section (Stage 3) to make changes.

^ **Biological Agents & Toxins** ✔

[Edit](#)

5. Click on **Other Application Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Other Application Information** or the **arrow** again.

 **Other Application Information** ✔

[Edit](#)

**Declaration**

I, hereby declare the following:

|                                                                                                                                                                                                                                                             |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. The Facility Operator and the Facility Operator Designee are informed of their responsibilities as Facility Operator under the Biological Agents and Toxins Act.                                                                                         | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2. The Biosafety Committee is informed of its responsibilities stipulated under the Biological Agents and Toxins Act.                                                                                                                                       | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 3. All work involving biological agent and/or toxin to be carried out in the facility have been/shall be approved/endorsed by the Biosafety Committee, and the risk assessments conducted/reviewed by the Biosafety Committee, prior to their commencement. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 4. The intended work involves genetic modification of microorganism or handling of genetically modified microorganism. If yes, please provide endorsement from the Genetic Modification Advisory Committee as supporting document for the application.      | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 5. The facility will develop/has a biorisk management system in place for managing biosafety, biosecurity and dual-use risks, that minimally encompasses the following:                                                                                     | <input checked="" type="radio"/> Yes <input type="radio"/> No |

- Institutional governance and oversight
- Risk assessment and risk management programme
- Hazardous waste management for solid and liquid waste
- Emergency response plan, preparedness and readiness
- Material management and accountability (including storage, inventory management and inventory audits)
- Incident investigation and reporting
- Occupational health and medical surveillance programme
- Personal protective equipment
- Personnel management including recruitment, authorization of access to the facility and materials, training (including refresher training) and competency assessments
- Policy on sharps use, if applicable
- Policy and procedures for transfer and/or transportation of biological agent and/or toxin
- Compliance to applicable legislations and regulations (please indicate where applicable)

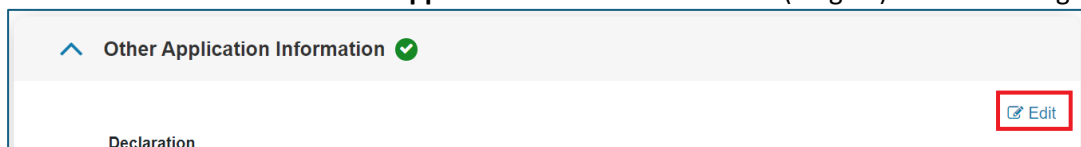
**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

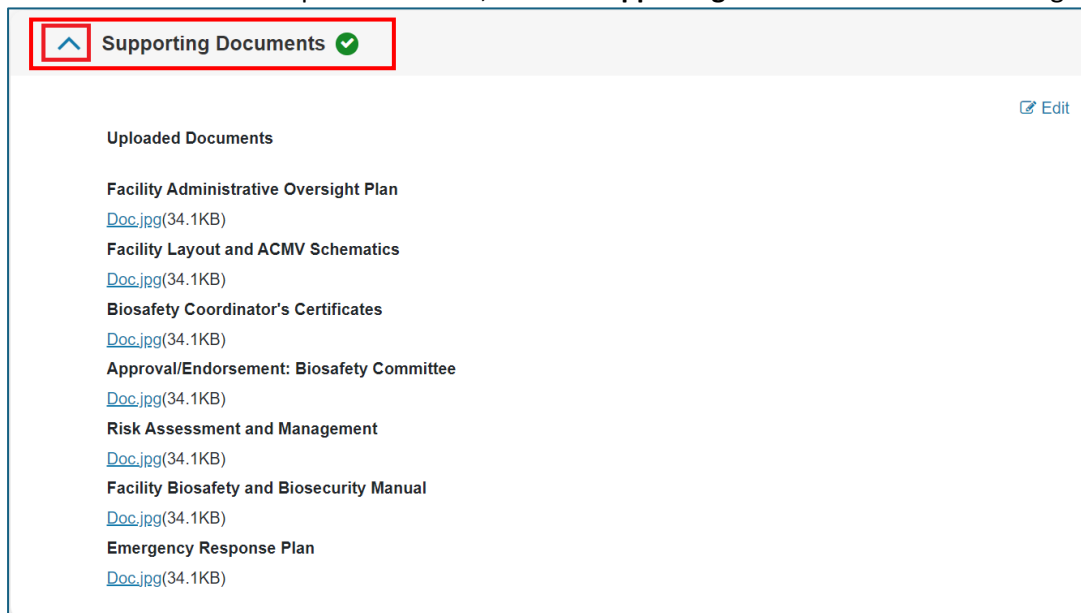
- Application letter containing the following information:
  - The name of the [Facility Operator](#) designee;
  - Address of the facility where the intended work will be conducted;
  - The reason for the application;
  - The name of the biological agent and/or toxin; and
  - The justification of how and why the work involving the biological agent and/or toxin can be carried out safely and securely in the intended facility. This may include facility design, the use of laboratory safety equipment, personal protective equipment, good microbiological practices and procedures, as well as reliable and competent personnel.
- Description of the biosafety and biosecurity engineering controls at the facility.
- Details of the facility's biorisk management programme.
- Documentation of approval from the Biosafety Committee for the intended work.
- Documentation of approval from the Health Sciences Authority and any other relevant ministry or statutory board, where applicable.
- Documentation of endorsement from the Genetic Modification Advisory Committee (if the intended work involves genetic modification of microorganism(s) or handling of genetically modified microorganism(s)).
- Documentation of successful completion of the required biosafety training for the Biosafety Coordinator.
- Facility Administrative Oversight Plan.
- Facility layout/floorplan.
- Gazette Order (if the facility is a Protected Place under the Infrastructure Protection Act).
- List of the location (mapped to the facility floorplan, as provided in #9) in the facility where biological agent(s) will be handled (including storage) and specify the corresponding work activities that will be carried out at each location. The information can be provided in a table format.
- Risk assessments for the intended work conducted/reviewed/endorsed by the Biosafety Committee.
- Safety and security records related to facility certification, inspection, accreditation, if any.

Click **Edit** to return to the **Other Application Information** section (Stage 4) to make changes.



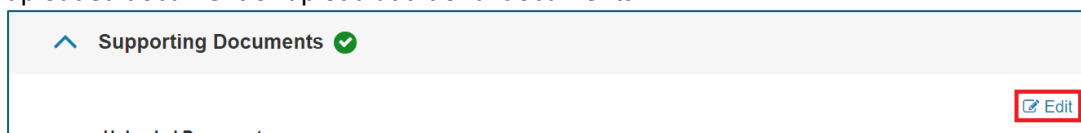
The screenshot shows the header for the 'Other Application Information' section, which includes a green checkmark icon. Below the header, the word 'Declaration' is visible. An 'Edit' button with a pencil icon is located in the top right corner of the section.

6. Click on **Supporting Documents** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Supporting Documents** or the **arrow** again.



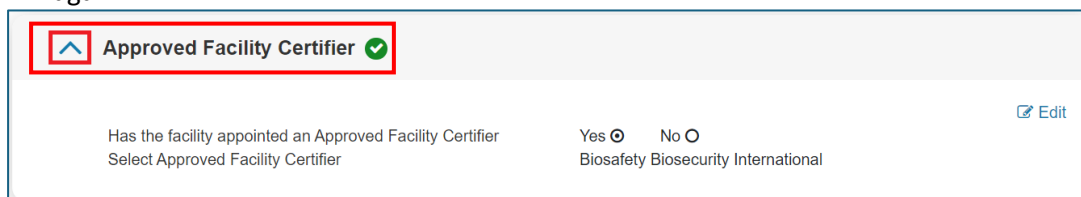
The screenshot displays the 'Supporting Documents' section, which is expanded. The section header has a green checkmark and an 'Edit' button. Below the header, there is a list of uploaded documents, each with a 'Doc.jpg(34.1KB)' link. The documents listed are: Facility Administrative Oversight Plan, Facility Layout and ACMV Schematics, Biosafety Coordinator's Certificates, Approval/Endorsement: Biosafety Committee, Risk Assessment and Management, Facility Biosafety and Biosecurity Manual, and Emergency Response Plan. An 'Edit' button is also present in the top right corner.

Click **Edit** to return to the **Supporting Documents**, section (Stage 5) to delete or replace an uploaded document or upload additional documents .



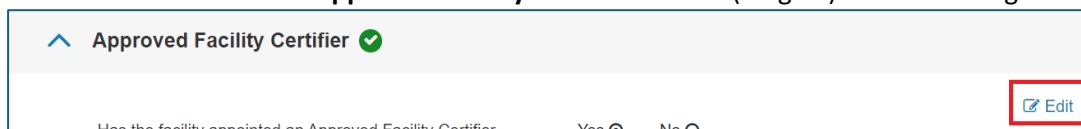
The screenshot shows the header for the 'Supporting Documents' section, which includes a green checkmark icon. Below the header, the word 'Uploaded Documents' is visible. An 'Edit' button with a pencil icon is located in the top right corner of the section.

7. Click on **Approved Facility Certifier** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Approved Facility Certifier** or the **arrow** again.



The screenshot displays the 'Approved Facility Certifier' section, which is expanded. The section header has a green checkmark and an 'Edit' button. Below the header, there is a form with two radio buttons: 'Yes' (selected) and 'No'. The text 'Select Approved Facility Certifier' is visible. An 'Edit' button is also present in the top right corner.

Click **Edit** to return to the **Approved Facility Certifier** section (Stage 6) to make changes.



The screenshot shows the header for the 'Approved Facility Certifier' section, which includes a green checkmark icon. Below the header, the text 'Has the facility appointed an Approved Facility Certifier' is visible. An 'Edit' button with a pencil icon is located in the top right corner of the section.

8. Enter Remarks, if applicable.

|         |             |
|---------|-------------|
| Remarks | <div></div> |
|---------|-------------|

9. Mark the checkbox for each declaration.

*Note: Declarations displayed may differ depending on the Mode of Procurement selected.*

|                          |                                                                                                                                                                                                                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I will ensure that the packaging of the materials and the transfer are carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations.                             |
| <input type="checkbox"/> | I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy. |

10. Ensure that the checkboxes for the Declaration have been checked. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the application.

## New Facility Registration

You are applying for **Biomanufacturing (Large-Scale Production) Facility** with facility activity type:  
**Possession of First Schedule Biological Agent | Possession of Fifth Schedule Toxin | Large-Scale Production of First and/or Third Schedule Biological Agent**

1

Company Information

2

Facility Information

3

Biological Agents & Toxins

4

Other Application Information

5

Supporting Documents

6

Approved Facility Certifier

7

Preview & Submit

Print

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☒ I will ensure that the packaging of the materials and the transfer are carried out in accordance with the requirements stipulated under the BATA and BATA Transportation Regulations, and any other related regulations.

☒ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

Back

SAVE AS DRAFT

SUBMIT

11. Upon successful submission of the application, an **acknowledgement** message will be displayed. An **Application Number** is generated to track the application. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

Dashboard eServices John

## New Facility Registration

**Your submission is successful.**

Biomanufacturing (Large-Scale Production) Facility with Facility Activity Type:  
- Large-Scale Production of First and/or Third Schedule Biological Agent

We will notify you of the status of the application or if additional information is required.

| Application Number | Date & Time         |
|--------------------|---------------------|
| A240531BMF001      | 31/05/2024 15:33:12 |

[PRINT](#) [HOME](#)

12. A notification of acknowledgement of submission can be found in the **Inbox**. Click the **hyperlink** under **Subject** to view the content.

| <input type="checkbox"/> | Subject                                                                                       | Message Type                                       | Facility Name | Reference Number | Submission Type           | Date of Notification |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|------------------|---------------------------|----------------------|
| <input type="checkbox"/> | <a href="#">MOH Biosafety - [Notification]: Acknowledgement of Submission - A240531BMF001</a> | Notification – System generated email notification | test BMG UG   | N240531BMF002    | New Facility Registration | 31/05/2024 15:33:13  |

13. From the **Dashboard**, click the **Applications** tab to view the submitted application. Verify that the status of the submitted application is **Pending MOH**.

Dashboard eServices John

New Messages **951**

Application Drafts **0**

Active Facilities **36**

Active Approvals **99**

Last Login: | Last Activity: N/A, On

[Inbox \(951\)](#) **[Applications](#)** [Facilities](#) [Approvals](#) [Certifications/Inspections/Audits](#) [Data Submissions](#) [Reportable Events](#)

Application No.:

Application Sub-Type: Please Select

Facility Name:

Application Status: All

Application Type: All

Date Saved/Submitted From:

Date Saved/Submitted To:

[CLEAR](#) [SEARCH](#)

1-1 out of 1 items 10

| Application No. | Facility Name | Application Type | Application Sub-Type  | Application Status | Date Saved/Submitted | Actions             |
|-----------------|---------------|------------------|-----------------------|--------------------|----------------------|---------------------|
| A240531BMF001   | test BMG UG   | New              | Facility Registration | <b>Pending MOH</b> | 31/05/2024 15:33:12  | <span>Select</span> |

## 1.5. NEW FACILITY REGISTRATION – REGISTERED FACILITY – HANDLING OF FIFTH SCHEDULE TOXIN FOR EXEMPTED PURPOSES

### 1. Select Registered Facility for Facility Classification.

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

[< Back](#)[CONTINUE](#)

2. Once **Registered Facility** has been selected, a list of **Facility Activity Type** will be displayed. Select **Handling of Fifth Schedule Toxin for Exempted Purposes** and click **CONTINUE**.

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☒ Registered Facility

**Facility Activity Type \***

☐ Handling of Fifth Schedule Toxin for Exempted Purposes

☐ Handling of Poliovirus Potentially Infectious Materials

[< Back](#)

CONTINUE

### 1.5.1. Stage 1: Company Information

1. The system will redirect to the **Company Information** page of the **New Facility Registration for Registered Facility**. Verify that the information displayed are correct before proceeding. Click **SAVE AS DRAFT** at any point to save progress. Refer to [Section 2](#) for the steps to retrieve and resume working on a saved draft. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1  
Company Information

2  
Facility Information

3  
Biological Agents & Toxins

4  
Other Application Information

5  
Supporting Documents

6  
Preview & Submit

### Company Profile

|                  |                    |
|------------------|--------------------|
| UEN              | 423416813Z         |
| Company Name     | John               |
| Postal Code      | 117438             |
| Address Type     | Apt Blk            |
| Block / House No | 10                 |
| Floor No.        | 10                 |
| Unit No.         | 01                 |
| Street Name      | Pasir Panjang Road |

[< Back](#)

SAVE AS DRAFT

NEXT

## 1.5.2. Stage 2: Facility Information

### 1.5.2.1. Stage 2.1: Facility Profile

1. The system will redirect to the **Facility Information** page. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1

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6

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Facility Profile

Facility Administrator/Officer

Authorised Personnel

### Facility Profile

Facility Name \*

Type of Facility \*

Is the Facility address the same as the company address? \*

Person In Charge

Name \*

Designation \*

Email \*

Contact No. \*

< Back

SAVE AS DRAFT

NEXT

2. Under **Facility Profile**, enter the **Facility Name**.

Facility Name \*

3. **Select the Type of Facility.**

|                                                            |                       |
|------------------------------------------------------------|-----------------------|
| Type of Facility *                                         | Please Select         |
| Is the Facility address the same as the company address? * | Please Select         |
|                                                            | Academic              |
|                                                            | Clinical Research     |
|                                                            | Commercial            |
|                                                            | Government/Stat Board |
|                                                            | Others                |

4. If **Others** was selected for the **Type of facility**, enter the **Details of the type of Facility**.

|                               |        |
|-------------------------------|--------|
| Type of Facility *            | Others |
| Details of type of Facility * |        |

5. **Select Yes or No** to indicate whether the **Facility address is the same as the company address**.

|                                                            |                                      |                          |
|------------------------------------------------------------|--------------------------------------|--------------------------|
| Is the Facility address the same as the company address? * | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|------------------------------------------------------------|--------------------------------------|--------------------------|

6. If **Yes** was selected for “**Is the Facility address the same as the company address?**”, **Facility address** information will be auto-filled in.

|                                                                                                                          |                                      |                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| Is the Facility address the same as the company address? *                                                               | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Postal Code *                                                                                                            | 117438                               |                          |
| Address Type *                                                                                                           | Apt Blk                              |                          |
| Block / House No. *                                                                                                      | 10                                   |                          |
| Floor No. *                                                                                                              | 10                                   |                          |
| Unit No. *                                                                                                               | 01                                   |                          |
| Street Name                                                                                                              | Pasir Panjang Road                   |                          |
| Building Name                                                                                                            | Mapletree Business City              |                          |
| Is the facility a Protected Place? *  | <input type="radio"/> Yes            | <input type="radio"/> No |

7. If **No** was selected for “**Is the Facility address the same as the company address?**”, fill in the **Facility address** information.

Is the Facility address the same as the company address? \* ☐ Yes ☒ No

Postal Code \*  [Retrieve your address](#)

Address Type \*

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Is the facility a Protected Place? \* ☒ Yes ☐ No

8. **Enter the Postal Code.** Click on **Retrieve your address.**

*Note: If a valid postal code was entered, the system will auto-populate the data fields:*

**Address Type, Block/House No., and Street Name, where applicable. If an invalid postal code was entered, the system will display an error message.**

Postal Code \*  [Retrieve your address](#)

9. **Select the Address Type.**

Address Type \*

Block / House No.

Please Select

Apt Blk

Without Apt Blk

10. If **Apt Blk** was selected for **Address Type**, the **Block / House No., Floor No., and Unit No.** fields are **mandatory**.

Address Type \*

Block / House No. \*

Floor No. \*

Unit No. \*

11. If **Without Apt Blk** was selected for **Address Type**, the **Street Name** field is **mandatory**.

|                   |                            |
|-------------------|----------------------------|
| Address Type *    | <div>Without Apt Blk</div> |
| Block / House No. | <div></div>                |
| Floor No.         | <div></div>                |
| Unit No.          | <div></div>                |
| Street Name *     | <div></div>                |
| Building Name     | <div></div>                |

12. Enter the **Block / House No.** (mandatory if Address Type is Apt Blk)

|                   |             |
|-------------------|-------------|
| Block / House No. | <div></div> |
|-------------------|-------------|

13. Enter the **Floor No.** (mandatory if Address Type is Apt Blk)

|           |             |
|-----------|-------------|
| Floor No. | <div></div> |
|-----------|-------------|

14. Enter the **Unit No.** (mandatory if Address Type is Apt Blk)

|          |             |
|----------|-------------|
| Unit No. | <div></div> |
|----------|-------------|

15. Enter the **Street Name**. (mandatory if Address Type is Without Apt Blk)

|             |             |
|-------------|-------------|
| Street Name | <div></div> |
|-------------|-------------|

16. Enter the **Building Name** if applicable.

|               |             |
|---------------|-------------|
| Building Name | <div></div> |
|---------------|-------------|

17. Select **Yes** or **No** to indicate whether the facility is a **Protected Place**.

|                                                                                                                          |                                      |                                     |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| Is the facility a Protected Place? *  | <div><input type="radio"/> Yes</div> | <div><input type="radio"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|

18. Fill in all **highlighted mandatory** fields for **Person In Charge**.

| Person In Charge |                      |
|------------------|----------------------|
| Name *           | <input type="text"/> |
| Designation *    | <input type="text"/> |
| Email *          | <input type="text"/> |
| Contact No. *    | <input type="text"/> |

19. Enter the **Name** of the Person In Charge.

|        |                      |
|--------|----------------------|
| Name * | <input type="text"/> |
|--------|----------------------|

20. Enter the **Designation** of the Person In Charge.

|               |                      |
|---------------|----------------------|
| Designation * | <input type="text"/> |
|---------------|----------------------|

21. Enter the **Email** of the Person In Charge.

|         |                      |
|---------|----------------------|
| Email * | <input type="text"/> |
|---------|----------------------|

22. Enter the **Contact No.** of the Person In Charge.

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

|               |                      |
|---------------|----------------------|
| Contact No. * | <input type="text"/> |
|---------------|----------------------|

23. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

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Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Facility Profile

Facility Administrator/Officer

Authorised Personnel

### Facility Profile

Facility Name \*

Registered Facility | FST

Type of Facility \*

Academic

Is the Facility address the same as the company address? \*

☐ Yes ☒ No

Postal Code \*

456789

[Retrieve your address](#)

Address Type \*

Apt Bk

Block / House No. \*

432

Floor No. \*

9

Unit No. \*

3

Street Name

Tampines Mart

Building Name

Tampines Industrial

Is the facility a Protected Place? \*

☒ Yes ☐ No

### Person In Charge

Name \*

Richard Im

Designation \*

Head of Operations

Email \*

RichardIm@hotmail.com

Contact No. \*

83534655

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[SAVE AS DRAFT](#)

[NEXT](#)

### 1.5.2.2. Stage 2.2: Facility Administrator/Officer

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

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Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Facility Profile

Facility Administrator/Officer

Authorised Personnel

### Facility Administrator

Salutation \*

Please Select

Name \*

ID No \*

Please Select

Nationality \*

Please Select

Designation \*

Contact No. \*

Email \*

Employment Start Date \*

dd/mm/yyyy

### Alternate Administrator

Salutation \*

Please Select

Name \*

ID No \*

Please Select

Nationality \*

Please Select

Designation \*

Contact No. \*

Email \*

Employment Start Date \*

dd/mm/yyyy

### Facility Officer

+ Add Facility Officer

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SAVE AS DRAFT

NEXT

2. **Select the Salutation for the Facility Administrator.**

*Note: Facility Administrator is a mandatory role.*

Facility Operator Designee: 

Salutation \*

Name \*

ID No \*

Nationality \*

Please Select

- Dr
- Mdm
- Mr
- Mrs
- Ms
- Professor
- VEN

3. **Enter the Name of the Facility Administrator.**

Name \*

4. **Enter the ID Type and ID No. of the Facility Administrator.**

*Note: The Facility Administrator must have a valid HALP User Account with the correct Role assigned by the Master Admin. For New Facility Registration, the Applicant must either be the Facility Administrator or the Alternate Administrator.*

ID No \*

Please Select

- NRIC
- FIN

5. **Select the Nationality of the Facility Administrator.**

Nationality \*

Designation \*

Contact No. \*

Email \*

Please Select

- SINGAPORE CITIZEN
- AFGHAN
- ALBANIAN
- ALGERIAN
- AMERICAN
- AMERICAN SAMOAN
- ANGOLAN

6. **Enter the Designation of the Facility Administrator.**

Designation \*

7. **Enter the Contact No. of the Facility Administrator.**

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

Contact No. \*

8. Enter the Email Address of the Facility Administrator.

|         |                      |
|---------|----------------------|
| Email * | <input type="text"/> |
|---------|----------------------|

9. Enter the Employment Start Date of the Facility Administrator.

*Note: Employment Start Date cannot be future dated.*

|                         |                                         |
|-------------------------|-----------------------------------------|
| Employment Start Date * | <input type="text" value="dd/mm/yyyy"/> |
|-------------------------|-----------------------------------------|

10. Select the Salutation for the Alternate Administrator.

*Note: Alternate Administrator is a mandatory role.*

| Alternate Administrator |                                                                                                                                                               |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Salutation *            | <div>Please Select</div> <div>Please Select</div> <div>Dr</div> <div>Mdm</div> <div>Mr</div> <div>Mrs</div> <div>Ms</div> <div>Professor</div> <div>VEN</div> |
| Name *                  |                                                                                                                                                               |
| ID No *                 |                                                                                                                                                               |
| Nationality *           |                                                                                                                                                               |

11. Enter the Name of the Alternate Administrator.

|        |                      |
|--------|----------------------|
| Name * | <input type="text"/> |
|--------|----------------------|

12. Enter the ID Type and ID No. of the Alternate Administrator.

*Note: The Alternate Administrator must have a valid HALP User Account with the correct Role assigned by the Master Admin. For New Facility Registration, the Applicant must either be the Facility Administrator or the Alternate Administrator.*

|         |                                                                                  |                      |
|---------|----------------------------------------------------------------------------------|----------------------|
| ID No * | <div>Please Select</div> <div>Please Select</div> <div>NRIC</div> <div>FIN</div> | <input type="text"/> |
|---------|----------------------------------------------------------------------------------|----------------------|

13. Select the Nationality of the Alternate Administrator.

|               |                                                                                                                                                                                                                 |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nationality * | <div>SINGAPORE CITIZEN</div> <div>Please Select</div> <div>SINGAPORE CITIZEN</div> <div>AFGHAN</div> <div>ALBANIAN</div> <div>ALGERIAN</div> <div>AMERICAN</div> <div>AMERICAN SAMOAN</div> <div>ANDORRAN</div> |
| Designation * |                                                                                                                                                                                                                 |
| Contact No. * |                                                                                                                                                                                                                 |
| Email *       |                                                                                                                                                                                                                 |

14. Enter the **Designation** of the **Alternate Administrator**.

|               |                      |
|---------------|----------------------|
| Designation * | <input type="text"/> |
|---------------|----------------------|

15. Enter the **Contact No.** of the **Alternate Administrator**.

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

|               |                      |
|---------------|----------------------|
| Contact No. * | <input type="text"/> |
|---------------|----------------------|

16. Enter the **Email Address** of the **Alternate Administrator**.

|                 |                      |
|-----------------|----------------------|
| Email Address * | <input type="text"/> |
|-----------------|----------------------|

17. Enter the **Employment Start Date** of the **Alternate Administrator**.

*Note: Employment Start Date cannot be future dated.*

|                         |                                         |
|-------------------------|-----------------------------------------|
| Employment Start Date * | <input type="text" value="dd/mm/yyyy"/> |
|-------------------------|-----------------------------------------|

18. Click **+Add Facility Officer**, if applicable. Steps 19 to 27 are applicable if **+Add Facility Officer** is selected.

*Note: Facility Officer is an optional role. A facility can have up to three **Facility Officer**.*

|                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|
| <b>Facility Officer</b>  |
| <div><a href="#">+ Add Facility Officer</a></div>                                                           |

Facility Officer

Salutation \*

Please Select

Name \*

ID No \*

Please Select

Nationality \*

Please Select

Designation \*

Contact No. \*

Email Address \*

Employment Start Date \*

dd/mm/yyyy

19. Click X to remove the fields for the **Facility Officer**.

Facility Officer

20. Select the **Salutation** for the **Facility Officer**.

Facility Officer

Salutation \*

Please Select

Please Select
Dr
Mdm
Mr
Mrs
Ms
Professor
VEN

Name \*

ID No \*

Nationality \*

21. Enter the **Name** of the **Facility Officer**.

Name \*

22. Enter the **ID Type** and **ID No.** of the **Facility Officer**.

*Note: The Facility Officer must have a valid HALP User Account with the correct Role assigned by the Master Admin.*

ID No \*

Please Select

Please Select

NRIC

FIN

**23. Select the Nationality of the Facility Officer.**

Nationality \*

SINGAPORE CITIZEN

Please Select

SINGAPORE CITIZEN

AFGHAN

ALBANIAN

ALGERIAN

AMERICAN

AMERICAN SAMOAN

ANDORRAN

Designation \*

Contact No. \*

Email \*

**24. Enter the Designation of the Facility Officer.**

Designation \*

**25. Enter the Contact No. of the Facility Officer.**

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

Contact No. \*

**26. Enter the Email Address of the Facility Officer.**

Email Address \*

**27. Enter the Employment Start Date of the Facility Officer.**

*Note: Employment Start Date cannot be future dated.*

Employment Start Date \*

dd/mm/yyyy

**28. Click *+Add Facility Officer* again, if applicable. Repeat steps 20 to 27 if *+Add Facility Officer* is selected.**

+ Add Facility Officer

29. Ensure all mandatory fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

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Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Facility Profile

Facility Administrator/Officer

Authorised Personnel

### Facility Administrator

Salutation \*

Dr

Name \*

John

ID No \*

NRIC

S6614380E

Nationality \*

SINGAPORE CITIZEN

Designation \*

Head of Operations

Contact No. \*

92345678

Email \*

dedicateddummy7@gmail.com

Employment Start Date \*

01/04/2024

### Alternate Administrator

Salutation \*

Dr

Name \*

Caleb Tan

ID No \*

NRIC

S1454107A

Nationality \*

SINGAPORE CITIZEN

Designation \*

Officer

Contact No. \*

98787844

Email \*

dedicateddummy7@gmail.com

Employment Start Date \*

07/04/2024

### Facility Officer 1

+ Add Facility Officer

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### 1.5.2.3. Stage 2.3: Authorised Personnel

1. It is **mandatory** to upload the list of **Personnel Authorised to Access the Facility**. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type: **Handling of Fifth Schedule Toxin for Exempted Purposes**

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5

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Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Facility Profile

Facility Administrator/Officer

Authorised Personnel

**Please upload the list of Personnel Authorised to Access the Facility**

Note: The Facility Administrator/Alternate Facility Administrator is responsible to ensure that the list of authorised personnel is always kept up to date i.e. prompt submission of updates to include newly authorised personnel or to remove personnel who are no longer authorised to access the facility.

- Click [here](#) to download the template for the list of Personnel Authorised to Access the Facility.
- Acceptable file format is XLSX, CSV.
- The maximum file size is 10 MB.
- Please ensure that the first character in a cell is not a special character E.g. @, =, -, +, &.

List of Personnel Authorised to Access the Facility (0 records uploaded)

UPLOAD

< Back

SAVE AS DRAFT

NEXT

2. Click the **“here” hyperlink** to download the template for the list of personnel authorised to access the facility.

- Click [here](#) to download the template for the list of Personnel Authorised to Access the Facility.

3. **Open** the downloaded excel template and **fill** in the highlighted fields.

*Note: Steps 4 to 16 describe the columns in the Excel template.*

[illegible]

4. Select the **Salutation** for the authorised person under **AUTHORISED PERSONNEL SALUTATION**.

| AUTHORISED_PERSONNEL_SALUTATION | AU |
|---------------------------------|----|
| Dr                              |    |
| Mdm                             |    |
| Mr                              |    |
| Mrs                             |    |
| Ms                              |    |
| Professor                       |    |

5. Enter the **Name** of the authorised person under **AUTHORISED\_PERSONNEL\_NAME**.

| AUTHORISED_PERSONNEL_NAME |
|---------------------------|
|                           |

6. Select the **ID Type** of the authorised person under **AUTHORISED\_PERSONNEL\_ID\_TYPE**.

| AUTHORISED_PERSONNEL_ID_TYPE | AU |
|------------------------------|----|
|                              | ▼  |
| NRIC                         |    |
| FIN                          |    |

7. Enter the **ID Number** of the authorised person under **AUTHORISED\_PERSONNEL\_ID\_NUMBER**.

| AUTHORISED_PERSONNEL_ID_NUMBER |
|--------------------------------|
|                                |

8. Select the **Nationality** of the authorised person under **AUTHORISED\_PERSONNEL\_NATIONALITY**.

| AUTHORISED_PERSONNEL_NATIONALITY | AU |
|----------------------------------|----|
|                                  | ▼  |
| SINGAPORE CITIZEN                | ▲  |
| AFGHAN                           |    |
| ALBANIAN                         |    |
| ALGERIAN                         |    |
| AMERICAN                         |    |
| AMERICAN SAMOAN                  |    |
| ANDORRAN                         |    |
| ANGOLAN                          |    |
| ANTIGUAN                         |    |
| ARGENTINIAN                      |    |
| ARMENIAN                         |    |
| AUSTRALIAN                       | ▼  |

9. Enter the **Contact Number** of the authorised person under **AUTHORISED\_PERSONNEL\_CONTACT\_NO**.

| AUTHORISED_PERSONNEL_CONTACT_NO |
|---------------------------------|
|                                 |

10. Enter the **Email** of the authorised person under **AUTHORISED\_PERSONNEL\_EMAIL**.

| AUTHORISED_PERSONNEL_EMAIL |
|----------------------------|
|                            |

11. Enter the **Employment Start Date** of the authorised person under **AUTHORISED\_PERSONNEL\_EMPLOYMENT\_START\_DATE**.

|                                            |
|--------------------------------------------|
| AUTHORISED_PERSONNEL_EMPLOYMENT_START_DATE |
|                                            |

12. Enter the **Security Clearance Date** of the authorised person under **AUTHORISED\_PERSONNEL\_SECURITY\_CLEARANCE\_DATE**  
*Note: Applicable for facility that is a **Protected Place***

|                                              |
|----------------------------------------------|
| AUTHORISED_PERSONNEL_SECURITY_CLEARANCE_DATE |
|                                              |

13. Enter the **Designation** of the authorised person under **AUTHORISED\_PERSONNEL\_DESIGNATION**.

|                                  |
|----------------------------------|
| AUTHORISED_PERSONNEL_DESIGNATION |
|                                  |

14. Enter the details of the area of work of the authorised person under **AUTHORISED\_PERSONNEL\_AREA\_OF\_WORK**.

|                                   |
|-----------------------------------|
| AUTHORISED_PERSONNEL_AREA_OF_WORK |
|                                   |

15. **Select** whether the authorised person is an employee of the company under **AUTHORISED\_PERSONNEL\_IS\_PERSON\_EMPLOYEE**.

|                                         |
|-----------------------------------------|
| AUTHORISED_PERSONNEL_IS_PERSON_EMPLOYEE |
|                                         |

16. Enter the **Company Name** of the authorised person under **AUTHORISED\_PERSONNEL\_COMPANY\_NAME**.  
*Note: Input is mandatory if the authorised person is not an employee of the company.*

|                                   |
|-----------------------------------|
| AUTHORISED_PERSONNEL_COMPANY_NAME |
|                                   |

17. **Save the document after completing all the mandatory fields.** (Outcome after completion.)

| AUTHORISED_PERSONNEL_ID | AUTHORISED_PERSONNEL_NAME | AUTHORISED_PERSONNEL_ID_TYPE | AUTHORISED_PERSONNEL_ID_NUMBER | AUTHORISED_PERSONNEL_NATIONALITY | AUTHORISED_PERSONNEL_CONTACT_NO | AUTHORISED_PERSONNEL_MAIL | AUTHORISED_PERSONNEL_EMPLOYMENT_START_DATE | AUTHORISED_PERSONNEL_SECURITY_CLEARANCE_DATE | AUTHORISED_PERSONNEL_DESIGNATION | AUTHORISED_PERSONNEL_AREA_OF_WORK | AUTHORISED_PERSONNEL_IS_PERSON_EMPLOYEE | AUTHORISED_PERSONNEL_COMPANY_NAME |
|-------------------------|---------------------------|------------------------------|--------------------------------|----------------------------------|---------------------------------|---------------------------|--------------------------------------------|----------------------------------------------|----------------------------------|-----------------------------------|-----------------------------------------|-----------------------------------|
| 1001                    | John                      | NRIC                         | 123456789                      | SINGAPORE CITIZEN                | 99999999                        | john@ntm.com              | 01/12/2013                                 | 15/12/2013                                   | MAN                              | A                                 | YES                                     |                                   |

18. **Click Upload** and select the saved document to upload the **List of Personnel Authorised to Access the Facility**.

*Note: System will display an error message if there is invalid input in the uploaded document.*

Acceptable file formats: XLSX, CSV

Maximum file size: 10MB

List of Personnel Authorised to Access the Facility (0 records uploaded)

UPLOAD

19. Upon successful upload, the hyperlink of the uploaded document will be displayed. Click the **“here” hyperlink** to view the uploaded list of Personnel Authorised to Access the Facility. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed. Click **Delete** to remove the uploaded document. Click the **file name hyperlink** to download the uploaded file.

Dashboard eServices John

New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1 ✓ Company Information

2  Facility Information

3 ! Biological Agents & Toxins

4 ! Other Application Information

5 ! Supporting Documents

6 ! Preview & Submit

Facility Profile

Facility Administrator/Officer

Authorised Personnel

Please upload the list of Personnel Authorised to Access the Facility

Note: The Facility Administrator/Alternate Facility Administrator is responsible to ensure that the list of authorised personnel is always kept up to date i.e. prompt submission of updates to include newly authorised personnel or to remove personnel who are no longer authorised to access the facility.

- Click [here](#) to download the template for the list of Personnel Authorised to Access the Facility.
- Acceptable file format is XLSX, CSV.
- The maximum file size is 10 MB.
- Please ensure that the first character in a cell is not a special character E.g. @, =, -, +, &.

List of Personnel Authorised to Access the Facility (1 records uploaded)

Authorised Personnel.xlsx(23.0KB) DELETE

UPLOAD

Click [here](#) to expand all information

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### 1.5.3. Stage 3: Biological Agents & Toxins

1. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1

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Company InformationFacility InformationBiological Agents & ToxinsOther Application InformationSupporting DocumentsPreview & Submit

Handling of Fifth Schedule Toxin for Exempted Purposes

Schedule \*

Name of Toxin \*

Type of sample that will be handled \*

Type of work that will be carried out involving the toxin \*

Mode of Procurement \*

Procurement Details \*

+ Add New Toxin

Fifth Schedule

Please Select

☐ Culture/isolate of biological agent

☐ Pure toxin

☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin

☐ Animal sample containing biological agent or toxin

☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)

☐ Food sample containing biological agent or toxin

☐ Others. Please specify.

☐ Generation/isolation of toxin

☐ Serological test

☐ Molecular test

☐ Animal studies (specify the type of animal under details)

☐ Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details

☐ Others. Please specify.

☐ Local Transfer☐ Import☐ Already in possession

☐ Purchase from local supplier

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NEXT

2. Select the Name of Toxin.

|                                        |                                                                                                                                                                                                                                                                     |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Toxin *                        | Please Select                                                                                                                                                                                                                                                       |
| Types of sample that will be handled * | <div><div>Please Select</div><div>BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)</div><div>CLOSTRIDIUM PERFRINGENS TOXINS</div><div>HT-2 TOXIN</div><div>STAPHYLOCOCCAL ENTEROTOXINS</div><div>SHIGATOXINS</div><div>T-2 TOXIN</div><div>TETANUS TOXIN</div></div> |

3. Select the Types of sample that will be handled.

*Note: If selection includes "Environmental sample containing biological agent or toxin (specify the type of samples under details)" or "Others. Please specify.", provide the information under **Details regarding the type of sample that will be handled and the intended work** (in step 5).*

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Types of sample that will be handled * | <div><div><input type="checkbox"/> Culture/isolate of biological agent</div><div><input type="checkbox"/> Pure toxin</div><div><input type="checkbox"/> Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin</div><div><input type="checkbox"/> Animal sample containing biological agent or toxin</div><div><input type="checkbox"/> Environmental sample containing biological agent or toxin (specify the type of samples under details)</div><div><input type="checkbox"/> Food sample containing biological agent or toxin</div><div><input type="checkbox"/> Others. Please specify.</div></div> |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Select the Type of work that will be carried out involving the toxin.

*Note: If selection includes "Animal studies (specify the type of animal under details)" or "Biomufacturing involving toxin. Please specify expected maximum handling volume under details" or "Others. Please specify.", provide the information under **Details regarding the type of sample that will be handled and the intended work** (in step 5).*

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of work that will be carried out involving the toxin * | <div style="border: 2px solid red; padding: 10px;"> <input type="checkbox"/> Generation/isolation of toxin<br/> <input type="checkbox"/> Serological test<br/> <input type="checkbox"/> Molecular test<br/> <input type="checkbox"/> Animal studies (specify the type of animal under details)<br/> <input type="checkbox"/> Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details<br/> <input type="checkbox"/> Others. Please specify.         </div> |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

5. Enter the **Details regarding the type of sample that will be handled and the intended work**, if the field is displayed.

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Details regarding the type of sample that will be handled and the intended work * | <div style="border: 2px solid red; height: 50px; width: 100%;"></div> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

6. **Select the Mode of Procurement.**

|                       |                                                                                                                                                                                                                                                     |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mode of Procurement * | <div style="border: 2px solid red; padding: 10px;"> <input type="radio"/> Local Transfer    <input type="radio"/> Import    <input type="radio"/> Already in possession<br/><br/> <input type="radio"/> Purchase from local supplier         </div> |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Enter the **Procurement Details**, if the field is displayed.

|                         |                                                                       |
|-------------------------|-----------------------------------------------------------------------|
| Procurement Details * ⓘ | <div style="border: 2px solid red; height: 50px; width: 100%;"></div> |
|-------------------------|-----------------------------------------------------------------------|

8. If **Local Transfer** was selected, fill in the **highlighted mandatory** fields for **Details of Transferring Facility** and **Details of Contact Person from Transferring Facility**.

Mode of Procurement \*

☒ Local Transfer ☐ Import ☐ Already in possession

☐ Purchase from local supplier

Procurement Details \* 

Details of Transferring Facility:

Facility Name \*

Postal Code \*

[Retrieve your address](#)

Address Type \*

Please Select 

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Details of Contact Person from Transferring Facility:

Name \*

Email address \*

Contact No. \*

Expected Date of Transfer \*

dd/mm/yyyy

Name of Courier Service Provider \*

Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.

Remarks \*

+ Add New Toxin

9. Enter the Facility Name.

|                 |                      |
|-----------------|----------------------|
| Facility Name * | <input type="text"/> |
|-----------------|----------------------|

10. Enter the Postal Code. Click Retrieve your address.

*Note: If a valid postal code was entered, the system will auto-populate the data fields: Address Type, Block/House No., and Street Name, where applicable. If an invalid postal code was entered, the system will display an error message.*

|               |                      |                                       |
|---------------|----------------------|---------------------------------------|
| Postal Code * | <input type="text"/> | <a href="#">Retrieve your address</a> |
|---------------|----------------------|---------------------------------------|

11. Select the Address Type.

|                   |                                                                        |
|-------------------|------------------------------------------------------------------------|
| Address Type *    | <div>Please Select</div>                                               |
| Block / House No. | <div>Please Select</div> <div>Apt Blk</div> <div>Without Apt Blk</div> |

12. If Apt Blk was selected for Address Type, the Block / House No., Floor No., and Unit No. fields are mandatory.

|                     |                      |
|---------------------|----------------------|
| Address Type *      | <div>Apt Blk</div>   |
| Block / House No. * | <input type="text"/> |
| Floor No. *         | <input type="text"/> |
| Unit No. *          | <input type="text"/> |

13. If Without Apt Blk was selected for Address Type, the Street Name field is mandatory.

|                   |                            |
|-------------------|----------------------------|
| Address Type *    | <div>Without Apt Blk</div> |
| Block / House No. | <input type="text"/>       |
| Floor No.         | <input type="text"/>       |
| Unit No.          | <input type="text"/>       |
| Street Name *     | <input type="text"/>       |
| Building Name     | <input type="text"/>       |

14. **Enter the Block / House No.** (mandatory if Address Type is Apt Blk)

Block / House No.

15. **Enter the Floor No.** (mandatory if Address Type is Apt Blk)

Floor No.

16. **Enter the Unit No.** (mandatory if Address Type is Apt Blk)

Unit No.

17. **Enter the Street Name.** (mandatory if Address Type is Without Apt Blk)

Street Name

18. **Enter the Building Name** if applicable.

Building Name

19. **Enter the Name** of the Contact Person.

Name \*

20. **Enter the Email Address** of the Contact Person.

Email address \*

21. **Enter the Contact No.** of the Contact Person.

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

Contact No. \*

22. **Enter the Expected Date of Transfer.**

Expected Date of Transfer \*

dd/mm/yyyy

23. **Enter the Name of Courier Service Provider.**

Name of Courier Service Provider \*

24. **Enter Remarks.**

Remarks \*

25. If **Import** was selected, fill in the **highlighted mandatory fields** for **Details of Exporting Facility** and **Details of Contact Person from Exporting Facility**.

| Details of Exporting Facility:                                                                                                                                                         |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Facility Name *                                                                                                                                                                        | <input type="text"/>                                       |
| Postal Code *                                                                                                                                                                          | <input type="text"/> <a href="#">Retrieve your address</a> |
| Address Type *                                                                                                                                                                         | <input type="text" value="Please Select"/>                 |
| Block / House No.                                                                                                                                                                      | <input type="text"/>                                       |
| Floor No.                                                                                                                                                                              | <input type="text"/>                                       |
| Unit No.                                                                                                                                                                               | <input type="text"/>                                       |
| Street Name                                                                                                                                                                            | <input type="text"/>                                       |
| Building Name                                                                                                                                                                          | <input type="text"/>                                       |
| Country *                                                                                                                                                                              | <input type="text" value="Please Select"/>                 |
| City *                                                                                                                                                                                 | <input type="text"/>                                       |
| State *                                                                                                                                                                                | <input type="text"/>                                       |
| Details of Contact Person from Exporting Facility:                                                                                                                                     |                                                            |
| Name *                                                                                                                                                                                 | <input type="text"/>                                       |
| Email address *                                                                                                                                                                        | <input type="text"/>                                       |
| Contact No. *                                                                                                                                                                          | <input type="text"/>                                       |
| Expected Date of Import *                                                                                                                                                              | <input type="text" value="dd/mm/yyyy"/>                    |
| Name of Courier Service Provider *                                                                                                                                                     | <input type="text"/>                                       |
| <small>Note: The driver of the conveyance must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with BATA Transportation Regulations.</small> |                                                            |
| Remarks *                                                                                                                                                                              | <input type="text"/>                                       |
| <a href="#">+ Add New Biological Agent</a>                                                                                                                                             |                                                            |

26. Enter the Facility Name.

|                 |                      |
|-----------------|----------------------|
| Facility Name * | <input type="text"/> |
|-----------------|----------------------|

27. Enter the Postal Code.

*Note: Retrieve your address function is not available for foreign postal codes.*

|               |                      |                                       |
|---------------|----------------------|---------------------------------------|
| Postal Code * | <input type="text"/> | <a href="#">Retrieve your address</a> |
|---------------|----------------------|---------------------------------------|

28. Select the Address Type.

|                   |                                                          |
|-------------------|----------------------------------------------------------|
| Address Type *    | <div>Please Select ▼</div>                               |
| Block / House No. | <div>Please Select<br/>Apt Blk<br/>Without Apt Blk</div> |

29. If Apt Blk was selected for Address Type, the Block / House No., Floor No., Unit No., Country, City, and State fields are mandatory.

|                     |                            |
|---------------------|----------------------------|
| Address Type *      | <div>Apt Blk ▼</div>       |
| Block / House No. * | <input type="text"/>       |
| Floor No. *         | <input type="text"/>       |
| Unit No. *          | <input type="text"/>       |
| Street Name         | <input type="text"/>       |
| Building Name       | <input type="text"/>       |
| Country *           | <div>Please Select ▼</div> |
| City *              | <input type="text"/>       |
| State *             | <input type="text"/>       |

30. If **Without Apt Blk** was selected for **Address Type**, the **Street Name**, **Country**, **City**, and **State** fields are **mandatory**.

|                   |                 |
|-------------------|-----------------|
| Address Type *    | Without Apt Blk |
| Block / House No. |                 |
| Floor No.         |                 |
| Unit No.          |                 |
| Street Name *     |                 |
| Building Name     |                 |
| Country *         | Please Select   |
| City *            |                 |
| State *           |                 |

31. Enter the **Block / House No.** (mandatory if Address Type is Apt Blk)

|                   |  |
|-------------------|--|
| Block / House No. |  |
|-------------------|--|

32. Enter the **Floor No.** (mandatory if Address Type is Apt Blk)

|           |  |
|-----------|--|
| Floor No. |  |
|-----------|--|

33. Enter the **Unit No.** (mandatory if Address Type is Apt Blk)

|          |  |
|----------|--|
| Unit No. |  |
|----------|--|

34. Enter the **Street Name** (mandatory if Address Type is Without Apt Blk)

|             |  |
|-------------|--|
| Street Name |  |
|-------------|--|

35. Enter the **Building Name** if applicable.

|               |  |
|---------------|--|
| Building Name |  |
|---------------|--|

**36. Select the Country.**

|                                                    |                |
|----------------------------------------------------|----------------|
| Country *                                          | Please Select  |
| City *                                             | Please Select  |
| State *                                            | SINGAPORE      |
| Details of Contact Person from Exporting Facility: | AFGHANISTAN    |
|                                                    | ALBANIA        |
|                                                    | ALGERIA        |
|                                                    | AMERICAN SAMOA |
|                                                    | ANDORRA        |
|                                                    | ANGOLA         |

**37. Enter the City.**

|        |  |
|--------|--|
| City * |  |
|--------|--|

**38. Enter the State.**

|         |  |
|---------|--|
| State * |  |
|---------|--|

**39. Enter the Name of the Contact Person.**

|        |  |
|--------|--|
| Name * |  |
|--------|--|

**40. Enter the Email Address of the Contact Person.**

|                 |  |
|-----------------|--|
| Email address * |  |
|-----------------|--|

**41. Enter the Contact No. of the Contact Person.**

|               |  |
|---------------|--|
| Contact No. * |  |
|---------------|--|

**42. Enter the Expected Date of Import.**

|                           |            |
|---------------------------|------------|
| Expected Date of Import * | dd/mm/yyyy |
|---------------------------|------------|

**43. Enter the Name of Courier Service Provider.**

|                                    |  |
|------------------------------------|--|
| Name of Courier Service Provider * |  |
|------------------------------------|--|

44. Enter **Remarks**.

|           |             |
|-----------|-------------|
| Remarks * | <div></div> |
|-----------|-------------|

45. If **Already in possession** was selected, **Details of Source Facility** would be automatically filled in.

|                                    |                                  |                                                    |                              |                                                        |
|------------------------------------|----------------------------------|----------------------------------------------------|------------------------------|--------------------------------------------------------|
| Mode of Procurement *              |                                  | <input type="radio"/> Local Transfer               | <input type="radio"/> Import | <input checked="" type="radio"/> Already in possession |
|                                    |                                  | <input type="radio"/> Purchase from local supplier |                              |                                                        |
| <b>Details of Source Facility:</b> |                                  |                                                    |                              |                                                        |
| Facility Name *                    | Test RF Facility - FifthSchedule |                                                    |                              |                                                        |
| Postal Code *                      | 356789                           |                                                    |                              |                                                        |
| Address Type *                     | Apt Blk                          |                                                    |                              |                                                        |
| Block / House No.                  | 444                              |                                                    |                              |                                                        |
| Floor No.                          | 4                                |                                                    |                              |                                                        |
| Unit No.                           | 4                                |                                                    |                              |                                                        |
| Street Name *                      | Toa Payoh Road                   |                                                    |                              |                                                        |
| Building Name                      | Tee Building                     |                                                    |                              |                                                        |
| <a href="#">+ Add New Toxin</a>    |                                  |                                                    |                              |                                                        |

46. If **Purchase from local supplier** was selected, fill in the **Procurement Details**.

|                                                               |                                                                                                           |             |                                                               |                              |                                             |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------|------------------------------|---------------------------------------------|
|                                                               | Mode of Procurement *                                                                                     |             | <input type="radio"/> Local Transfer                          | <input type="radio"/> Import | <input type="radio"/> Already in possession |
|                                                               |                                                                                                           |             | <input checked="" type="radio"/> Purchase from local supplier |                              |                                             |
|                                                               | Procurement Details *  | <div></div> |                                                               |                              |                                             |
|                                                               | <a href="#">+ Add New Toxin</a>                                                                           |             |                                                               |                              |                                             |
| <div>&lt; Back</div> <div>SAVE AS DRAFT</div> <div>NEXT</div> |                                                                                                           |             |                                                               |                              |                                             |

47. Click **+ Add New Toxin** to add another toxin, if applicable.

**+ Add New Toxin**

48. **Repeat** steps 2 to 46 for each **additional toxin**.

|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule *                                                                                                | Fifth Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name of Toxin *                                                                                           | <div>Please Select</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Type of sample that will be handled *                                                                     | <div><div><input type="checkbox"/> Culture/isolate of biological agent</div><div><input type="checkbox"/> Pure toxin</div><div><input type="checkbox"/> Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin</div><div><input type="checkbox"/> Animal sample containing biological agent or toxin</div><div><input type="checkbox"/> Environmental sample containing biological agent or toxin (specify the type of samples under details)</div><div><input type="checkbox"/> Food sample containing biological agent or toxin</div><div><input type="checkbox"/> Others. Please specify.</div></div> |
| Type of work that will be carried out involving the toxin *                                               | <div><div><input type="checkbox"/> Generation/isolation of toxin</div><div><input type="checkbox"/> Serological test</div><div><input type="checkbox"/> Molecular test</div><div><input type="checkbox"/> Animal studies (specify the type of animal under details)</div><div><input type="checkbox"/> Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details</div><div><input type="checkbox"/> Others. Please specify.</div></div>                                                                                                                                                           |
| Mode of Procurement *                                                                                     | <div><div><input type="radio"/> Local Transfer</div><div><input type="radio"/> Import</div><div><input type="radio"/> Already in possession</div><div><input checked="" type="radio"/> Purchase from local supplier</div></div>                                                                                                                                                                                                                                                                                                                                                                                                             |
| Procurement Details *  | <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <div>+ Add New Toxin</div>                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

49. Click **X** to remove the fields related to the additional toxin, if applicable.

Schedule \*

Fifth Schedule



50. Ensure all **mandatory** fields are completed. Click **SAVE AS DRAFT** at any point to save progress. Click **Next** to proceed.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type: **Handling of Fifth Schedule Toxin for Exempted Purposes**

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Company Information

2  
Facility Information

3  
Biological Agents & Toxins

4  
Other Application Information

5  
Supporting Documents

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Preview & Submit

Handling of Fifth Schedule Toxin for Exempted Purposes

Schedule \*

Fifth Schedule

Name of Toxin \*

BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)

Type of sample that will be handled \*

☒ Culture/isolate of biological agent  
☐ Pure toxin  
☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin  
☐ Animal sample containing biological agent or toxin  
☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)  
☐ Food sample containing biological agent or toxin  
☐ Others. Please specify.

Type of work that will be carried out involving the toxin \*

☒ Generation/isolation of toxin  
☐ Serological test  
☐ Molecular test  
☐ Animal studies (specify the type of animal under details)  
☐ Biomanufacturing involving toxin. Please specify the expected maximum handling volume under details  
☐ Others. Please specify.

Mode of Procurement \*

☒ Local Transfer ☐ Import ☐ Already in possession  
☐ Purchase from local supplier

Procurement Details \*

Some details

Details of Transferring Facility:

Facility Name \*

Toa Facility

Postal Code \*

256788

Retrieve your address

Address Type \*

Apt Bk

Block / House No. \*

99

Floor No. \*

2

Unit No. \*

1

Street Name

Toa Payoh

Building Name

TP Building

Details of Contact Person from Transferring Facility:

Name \*

Sally Tan

Email address \*

sally\_tan@gmail.com

Contact No. \*

82345678

Expected Date of Transfer \*

30/04/2024

Name of Courier Service Provider \*

Sample Service Provider

Remarks \*

Sample Remarks

+ Add New Toxin

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## 1.5.4. Stage 4: Other Application Information

1. Fill in all **highlighted mandatory fields**. Click **SAVE AS DRAFT** at any point to save progress.

### New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1

Company Information

2

Facility Information

3

Biological Agents & Toxins

4

**Other Application Information**

5

Supporting Documents

6

Preview & Submit

**Declaration**

I, hereby declare the following:

1. The Person in Charge is aware of and will carry out his/her responsibilities as stated under the Biological Agents and Toxins (Exemption) Regulations 2009.

☐ Yes ☐ No

2. The possession and handling of the Fifth Schedule toxin(s) at the facility is solely for exempted purposes as detailed in the Biological Agents and Toxins (Exemption) Regulations 2009.

☐ Yes ☐ No

3. The facility has a biorisk management plan in place for managing biosafety and biosecurity risks associated with the handling of the Fifth Schedule toxin(s) for exempted purposes.

☐ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. Details related to the biosafety and biosecurity measures at the facility.
2. List of facility personnel authorised to handle the toxin(s) for exempted purposes.

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**NEXT**

2. Select the input for each declaration:

1. The Person in Charge is aware of and will carry out his/her responsibilities as stated under the Biological Agents and Toxins (Exemption) Regulations 2009.

☐ Yes ☐ No

2. The possession and handling of the Fifth Schedule toxin(s) at the facility is solely for exempted purposes as detailed in the Biological Agents and Toxins (Exemption) Regulations 2009.

☐ Yes ☐ No

3. The facility has a biorisk management plan in place for managing biosafety and biosecurity risks associated with the handling of the Fifth Schedule toxin(s) for exempted purposes.

☐ Yes ☐ No

3. Fill in all **mandatory** fields and click **Next to proceed**. Click **SAVE AS DRAFT** at any point to save progress.

*Note: "Yes" must be selected for all the declarations to proceed.*

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1

2

3

4

5

6

Company InformationFacility InformationBiological Agents & ToxinsOther Application InformationSupporting DocumentsPreview & Submit

**Declaration**

I, hereby declare the following:

1. The Person in Charge is aware of and will carry out his/her responsibilities as stated under the Biological Agents and Toxins (Exemption) Regulations 2009.

☒ Yes☐ No

2. The possession and handling of the Fifth Schedule toxin(s) at the facility is solely for exempted purposes as detailed in the Biological Agents and Toxins (Exemption) Regulations 2009.

☒ Yes☐ No

3. The facility has a biorisk management plan in place for managing biosafety and biosecurity risks associated with the handling of the Fifth Schedule toxin(s) for exempted purposes.

☒ Yes☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

- Details related to the biosafety and biosecurity measures at the facility.
- List of facility personnel authorised to handle the toxin(s) for exempted purposes.

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## 1.5.5. Stage 5: Supporting Documents

1. Upload all the **highlighted mandatory** documents under **Supporting documents**.

*Note: Multiple documents can be uploaded in each section.*

### New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Biological Agents & Toxins

4 ✓  
Other Application Information

5  
**Supporting Documents**

6 1  
Preview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

#### Supporting Documents

Personnel authorised to Handle Fifth Schedule Toxins \*

UPLOAD

Biosafety and Biosecurity Measures \*

UPLOAD

Others

UPLOAD

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2. Upload the **Personnel authorised to Handle Fifth Schedule Toxins**. Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB

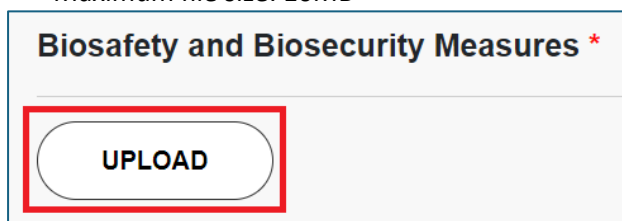
Personnel authorised to Handle Fifth Schedule Toxins \*

UPLOAD

3. Upload the **Biosafety and Biosecurity Measures**. Click **UPLOAD** and select the document to upload.

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB



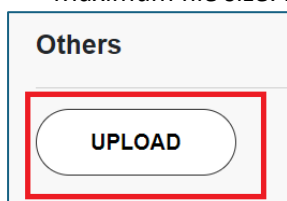
The screenshot shows a form section titled "Biosafety and Biosecurity Measures" with a red asterisk. Below the title is a large, rounded rectangular button labeled "UPLOAD". The button and the title are highlighted with red rectangular boxes.

4. Upload any other relevant supporting documents under **Others**. Click **UPLOAD** and select the document to upload.

*Note: This is optional.*

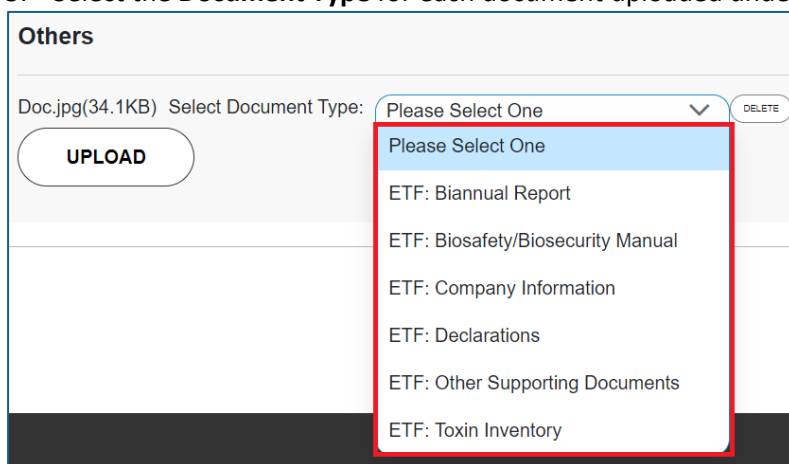
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

Maximum file size: 10MB



The screenshot shows a form section titled "Others". Below the title is a large, rounded rectangular button labeled "UPLOAD". The button and the title are highlighted with red rectangular boxes.

5. Select the **Document Type** for each document uploaded under **Others** section.



The screenshot shows the "Others" section of the form. It displays a document upload area with the text "Doc.jpg(34.1KB)" and a "Select Document Type:" label. Below the label is a dropdown menu with the text "Please Select One" and a downward arrow. The dropdown menu is open, showing a list of document types: "Please Select One", "ETF: Biannual Report", "ETF: Biosafety/Biosecurity Manual", "ETF: Company Information", "ETF: Declarations", "ETF: Other Supporting Documents", and "ETF: Toxin Inventory". The dropdown menu and the list of document types are highlighted with red rectangular boxes. There is also a "DELETE" button next to the dropdown menu.

6. Upon successful upload, the hyperlink of each uploaded document will be displayed. When all the **mandatory** documents have been **uploaded**, click **Next** to proceed. Click **SAVE AS DRAFT** at any point to save progress. Click **Delete** to remove an uploaded document. Click the **file name hyperlink** to download the uploaded file.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1

2

3

4

5

6

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

Personnel authorised to Handle Fifth Schedule Toxins \*

Authorised-Personnel-Placeholder-Input.xlsx(23.0KB) DELETE

UPLOAD

Biosafety and Biosecurity Measures \*

Biosafety-Committee-Placeholder-Input.xlsx(20.8KB) DELETE

UPLOAD

Others

UPLOAD

< Back

SAVE AS DRAFT

NEXT

## 1.5.6. Stage 6: Preview & Submit

1. In the **Preview & Submit** page, review the information that was provided in the application.

### New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Biological Agents & Toxins

4 ✓  
Other Application Information

5 ✓  
Supporting Documents

6  
Preview & Submit

[Print](#)

✓ Company Information ✓

✓ Facility Information ✓

✓ Biological Agents & Toxins ✓

✓ Other Application Information ✓

✓ Supporting Documents ✓

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

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SAVE AS DRAFT

SUBMIT

2. Click on **Company Information** or the **arrow** to expand section and verify the information. To collapse the section, click on **Company Information** or the **arrow** again.

↑ Company Information ✓

Company Profile

UEN

Company Name

Postal Code

Address Type

Block / House No.

Floor No.

Unit No.

Street Name

346039030H

Ben Aw Yong

117438

Apt Blk

10

10

01

Pasir Panjang Road

3. Click on **Facility Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Facility Information** or the **arrow** again.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1 ✓

2 ✓

3 ✓

4 ✓

5 ✓

6

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Print

Company Information ✓

Facility Information ✓

Edit

### Facility Profile

|                                                          |                           |
|----------------------------------------------------------|---------------------------|
| Facility Name                                            | Registered Facility   FST |
| Type of Facility                                         | Academic                  |
| Is the Facility address the same as the company address? | No                        |
| Postal Code                                              | 456789                    |
| Address Type                                             | Apt Bldg                  |
| Block / House No.                                        | 432                       |
| Floor No.                                                | 9                         |
| Unit No.                                                 | 3                         |
| Street Name                                              | Tampines Mart             |
| Building Name                                            | Tampines Industrial       |
| Is the facility a Protected Place?                       | Yes                       |

### Person In Charge

|             |                           |
|-------------|---------------------------|
| Name        | Richard Im                |
| Designation | Head of Operations        |
| Email       | dedicateddummy7@gmail.com |
| Contact No. | 83534655                  |

### Facility Administrator/Officer

#### Facility Administrator

|                       |                           |
|-----------------------|---------------------------|
| Salutation            | Dr                        |
| Name                  | John                      |
| ID Type               | NRIC                      |
| ID No.                | S6614380E                 |
| Nationality           | SINGAPORE CITIZEN         |
| Designation           | Head of Operations        |
| Contact No.           | 92345678                  |
| Email                 | dedicateddummy7@gmail.com |
| Employment Start Date | 01/04/2024                |

#### Alternate Administrator

|                       |                           |
|-----------------------|---------------------------|
| Salutation            | Dr                        |
| Name                  | Caleb Tan                 |
| ID Type               | NRIC                      |
| ID No.                | S1454107A                 |
| Nationality           | SINGAPORE CITIZEN         |
| Designation           | Officer                   |
| Contact No.           | 98787844                  |
| Email                 | dedicateddummy7@gmail.com |
| Employment Start Date | 07/04/2024                |

### Personnel Authorised to Access the Facility

[View Authorised Personnel Information](#)

Click **Edit** to return to the **Facility Information** section (Stage 2) to make changes.

Facility Information ✓

Edit

Facility Profile

4. Click on **Biological Agents & Toxins** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Biological Agents & Toxins** or the **arrow** again.

 **Biological Agents & Toxins** 

 Edit

**Handling of Fifth Schedule Toxin for Exempted Purposes**

|                                                              |                                                                                                            |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Schedule                                                     | Fifth Schedule                                                                                             |
| Name of Toxin                                                | BOTULINUM TOXINS (TYPES A, B, C, D, E, F AND G)                                                            |
| Type of sample that will be handled                          | Pure toxin<br>Clinical sample e.g. blood, serum, respiratory swab,<br>containing biological agent or toxin |
| Type of work that will be carried out involving the toxin    | Generation/isolation of toxin                                                                              |
| Mode of Procurement                                          | Local Transfer                                                                                             |
| Procurement Details                                          | Sample Procurement Details                                                                                 |
| <b>Details of Transferring Facility:</b>                     |                                                                                                            |
| Facility Name                                                | Sally Tan                                                                                                  |
| Postal Code                                                  | 356789                                                                                                     |
| Address Type                                                 | Without Apt Blk                                                                                            |
| Block / House No.                                            | 444                                                                                                        |
| Floor No.                                                    | 4                                                                                                          |
| Unit No.                                                     | 4                                                                                                          |
| Street Name                                                  | Toa Payoh Road                                                                                             |
| Building Name                                                |                                                                                                            |
| <b>Details of Contact Person from Transferring Facility:</b> |                                                                                                            |
| Name                                                         | Sally Tan                                                                                                  |
| Email address                                                | sally_tan@gmail.com                                                                                        |
| Contact No.                                                  | 82345678                                                                                                   |
| Expected Date of Transfer                                    | 14/08/2024                                                                                                 |
| Name of Courier Service Provider                             | Sample Service Provider                                                                                    |
| Remarks                                                      | Sample Remarks                                                                                             |

Click **Edit** to return to the **Biological Agents & Toxins** section (Stage 3) to make changes.

 **Biological Agents & Toxins** 

 Edit

5. Click on **Other Application Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Other Application Information** or the **arrow** again.

Other Application Information

Edit

**Declaration**

I, hereby declare the following:

1. The Person in Charge is aware of and will carry out his/her responsibilities as stated under the Biological Agents and Toxins (Exemption) Regulations 2009. ☒ Yes ☐ No
2. The possession and handling of the Fifth Schedule toxin(s) at the facility is solely for exempted purposes as detailed in the Biological Agents and Toxins (Exemption) Regulations 2009. ☒ Yes ☐ No
3. The facility has a biorisk management plan in place for managing biosafety and biosecurity risks associated with the handling of the Fifth Schedule toxin(s) for exempted purposes. ☒ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. Details related to the biosafety and biosecurity measures at the facility.
2. List of facility personnel authorised to handle the toxin(s) for exempted purposes.

Click **Edit** to return to the **Other Application Information** section (Stage 4).

Other Application Information

Edit

6. Click on **Supporting Documents** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Supporting Documents** or the **arrow** again.

Supporting Documents

Edit

**Uploaded Documents**

**Personnel authorised to Handle Fifth Schedule Toxins**

[Doc.jpg\(34.1KB\)](#)

**Biosafety and Biosecurity Measures**

[Doc.jpg\(34.1KB\)](#)

Click **Edit** to return to the **Supporting Documents** section (Stage 5) to delete or replace an uploaded document or upload additional documents.

Supporting Documents

Edit

Uploaded Documents

7. **Enter Remarks**, if applicable.

Remarks

8. Mark the checkbox for the declaration.

☐

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

9. Ensure that the checkbox for the declaration has been checked. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the application.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Fifth Schedule Toxin for Exempted Purposes**

1 ✓

2 ✓

3 ✓

4 ✓

5 ✓

6

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

Preview & Submit

Print

Company Information ✓

Facility Information ✓

Biological Agents & Toxins ✓

Other Application Information ✓

Supporting Documents ✓

Remarks

☒ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

[< Back](#)

SAVE AS DRAFT

SUBMIT

10. Upon successful submission of the application, an **acknowledgement** message will be displayed. An **Application Number** is generated to track the application. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

# New Facility Registration

**Your submission is successful.**

Registered Facility with Facility Activity Type:

- Handling of Fifth Schedule Toxin for Exempted Purposes

We will notify you of the status of the application or if additional information is required.

| Application Number | Date & Time         |
|--------------------|---------------------|
| A240424ETF002      | 24/04/2024 17:40:11 |

PRINT

HOME

11. A notification of acknowledgement of submission can be found in the **Inbox**. Click the **hyperlink** under **Subject** to view the content.

| <input type="checkbox"/> | Subject                                                                                       | Message Type                                       | Facility Name             | Reference Number | Submission Type           | Date of Notification |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------|------------------|---------------------------|----------------------|
| <input type="checkbox"/> | <a href="#">MOH Biosafety - [Notification]: Acknowledgement of Submission - A240424ETF002</a> | Notification – System generated email notification | Registered Facility   FST | N240424ETF001    | New Facility Registration | 24/04/2024 17:40:12  |

12. From the **Dashboard**, click the **Applications** tab to view the submitted application. Verify that the status of the submitted application is **Pending MOH**.

Dashboard

eServices

John Lee

New Messages626

Application Drafts0

Active Facilities22

Active Approvals59

Last Login: | Last Activity: N/A, On

Inbox (626)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<<1>>>

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

A240424ETF002

Registered Facility | FST

New

Facility Registration

Pending MOH

24/04/2024 17:40:11

Select

## 1.6. NEW FACILITY REGISTRATION - REGISTERED FACILITY – HANDLING OF POLIOVIRUS POTENTIALLY INFECTIOUS MATERIALS

### 1. Select Registered Facility for Facility Classification.

## New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☐ Registered Facility

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**CONTINUE**

2. Once **Registered Facility** has been selected, a list of **Facility Activity Type** will be displayed. Select **Handling of Poliovirus Potentially Infectious Materials** and click **CONTINUE**.

# New Facility Registration

Select the Facility Classification and the corresponding Facility Activity Type

**Facility Classification**

☐ Certified High Containment (BSL-3) Facility

☐ Certified Maximum Containment (BSL-4) Facility

☐ Uncertified Facility

☐ Biomanufacturing (Large-Scale Production) Facility

☒ Registered Facility

**Facility Activity Type \***

☐ Handling of Fifth Schedule Toxin for Exempted Purposes

☒ Handling of Poliovirus Potentially Infectious Materials

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**CONTINUE**

### 1.6.1. Stage 1: Company Information

1. The system will redirect to the **Company Information** page of the **New Facility Registration for Registered Facility**. Verify that the information displayed are correct before proceeding. Click **SAVE AS DRAFT** at any point to save progress. Refer to [Section 2](#) for the steps to retrieve and resume working on a saved draft. Click **NEXT** to proceed.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1  
Company Information

2  
Facility Information

3  
Other Application Information

4  
Supporting Documents

5  
Preview & Submit

### Company Profile

|                  |                    |
|------------------|--------------------|
| UEN              | 201717823R         |
| Company Name     | Daniel             |
| Postal Code      | 117438             |
| Address Type     | Apt Blk            |
| Block / House No | 10                 |
| Floor No.        | 10                 |
| Unit No.         | 01                 |
| Street Name      | Pasir Panjang Road |

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SAVE AS DRAFT

NEXT

## 1.6.2. Stage 2: Facility Information

### 1.6.2.1. Stage 2.1: Facility Profile

1. The system will redirect to the **Facility Information** page. Fill in all **highlighted mandatory** fields. Click **SAVE AS DRAFT** at any point to save progress.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1

2

3

4

5

Company InformationFacility InformationOther Application InformationSupporting DocumentsPreview & Submit

Facility Profile

Facility Administrator/Officer

### Facility Profile

Facility Name \*

Type of Facility \*

Is the Facility address the same as the company address? \*

Person In Charge

Name \*

Designation \*

Email \*

Contact No. \*

Inventory Information

OPV/Sabin 1 IM \*

OPV/Sabin 2 IM

OPV/Sabin 3 IM \*

OPV/Sabin 1 PIM \*

OPV/Sabin 2 PIM \*

OPV/Sabin 3 PIM \*

+ Add Facility Profile

< Back

SAVE AS DRAFT

NEXT

2. Under **Facility Profile**, enter the **Facility Name**.

|                 |                      |
|-----------------|----------------------|
| Facility Name * | <input type="text"/> |
|-----------------|----------------------|

3. **Select the Type of Facility.**

|                                                            |                                                                                                                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Facility *                                         | <div>Please Select</div> <div><div>Please Select</div><div>Academic</div><div>Clinical Research</div><div>Commercial</div><div>Government/Stat Board</div><div>Others</div></div> |
| Is the Facility address the same as the company address? * |                                                                                                                                                                                   |

4. If **Others** was selected for the **Type of facility**, enter the **Details of type of Facility**.

|                               |                      |
|-------------------------------|----------------------|
| Type of Facility *            | <div>Others</div>    |
| Details of type of Facility * | <input type="text"/> |

5. **Select Yes or No** to indicate whether the **Facility address is the same as the company address**.

|                                                            |                                      |                          |
|------------------------------------------------------------|--------------------------------------|--------------------------|
| Is the Facility address the same as the company address? * | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|------------------------------------------------------------|--------------------------------------|--------------------------|

6. If **Yes** was selected for “**Is the Facility address the same as the company address?**”, **Facility address** information will be auto-filled in.

|                                                            |                         |                                      |                          |
|------------------------------------------------------------|-------------------------|--------------------------------------|--------------------------|
| Is the Facility address the same as the company address? * |                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Postal Code *                                              | 117438                  |                                      |                          |
| Address Type *                                             | Apt Blk                 |                                      |                          |
| Block / House No. *                                        | 10                      |                                      |                          |
| Floor No. *                                                | 10                      |                                      |                          |
| Unit No. *                                                 | 01                      |                                      |                          |
| Street Name                                                | Pasir Panjang Road      |                                      |                          |
| Building Name                                              | Mapletree Business City |                                      |                          |
| Is the facility a Protected Place? *                       |                         | <input type="radio"/> Yes            | <input type="radio"/> No |

7. If **No** was selected for “**Is the Facility address the same as the company address?**”, fill in the **Facility address** information.

Is the Facility address the same as the company address? \* ☐ Yes ☒ No

Postal Code \*  [Retrieve your address](#)

Address Type \*

Block / House No.

Floor No.

Unit No.

Street Name

Building Name

Is the facility a Protected Place? \* ☒ Yes ☐ No

8. **Enter the Postal Code.** Click on **Retrieve your address**.

*Note: If a valid postal code was entered, the system will auto-populate the data fields: **Address Type**, **Block/House No.**, and **Street Name**, where applicable. If an invalid postal code was entered, the system will display an error message.*

Postal Code \*  [Retrieve your address](#)

9. **Select the Address Type.**

Address Type \*

Block / House No.

Please Select

Apt Blk

Without Apt Blk

10. If **Apt Blk** was selected for **Address Type**, the **Block / House No.**, **Floor No.**, and **Unit No.** fields are **mandatory**.

Address Type \*

Block / House No. \*

Floor No. \*

Unit No. \*

11. If **Without Apt Blk** was selected for **Address Type**, the **Street Name** field is **mandatory**.

|                   |                            |
|-------------------|----------------------------|
| Address Type *    | <div>Without Apt Blk</div> |
| Block / House No. | <div></div>                |
| Floor No.         | <div></div>                |
| Unit No.          | <div></div>                |
| Street Name *     | <div></div>                |
| Building Name     | <div></div>                |

12. Enter the **Block / House No.** (mandatory if Address Type is Apt Blk)

|                   |             |
|-------------------|-------------|
| Block / House No. | <div></div> |
|-------------------|-------------|

13. Enter the **Floor No.** (mandatory if Address Type is Apt Blk)

|           |             |
|-----------|-------------|
| Floor No. | <div></div> |
|-----------|-------------|

14. Enter the **Unit No.** (mandatory if Address Type is Apt Blk)

|          |             |
|----------|-------------|
| Unit No. | <div></div> |
|----------|-------------|

15. Enter the **Street Name**. (mandatory if Address Type is Without Apt Blk)

|             |             |
|-------------|-------------|
| Street Name | <div></div> |
|-------------|-------------|

16. Enter the **Building Name** if applicable.

|               |             |
|---------------|-------------|
| Building Name | <div></div> |
|---------------|-------------|

17. Select **Yes** or **No** to indicate whether the facility is a **Protected Place**.

|                                                                                                                          |                                      |                                     |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| Is the facility a Protected Place? *  | <div><input type="radio"/> Yes</div> | <div><input type="radio"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|

18. Fill in all **highlighted mandatory** fields for **Person In Charge**.

*Note: Person In Charge refers to the person who is responsible for the facility and the poliovirus potentially infectious materials within e.g. Director of the Lab, Principal Investigator.*

*Note: Personal in Charge is a mandatory role.*

| Person In Charge |                      |
|------------------|----------------------|
| Name *           | <input type="text"/> |
| Designation *    | <input type="text"/> |
| Email *          | <input type="text"/> |
| Contact No. *    | <input type="text"/> |

19. Enter the **Name** of the Person In Charge.

|        |                      |
|--------|----------------------|
| Name * | <input type="text"/> |
|--------|----------------------|

20. Enter the **Designation** of the Person In Charge.

|               |                      |
|---------------|----------------------|
| Designation * | <input type="text"/> |
|---------------|----------------------|

21. Enter the **Email** of the Person In Charge.

|         |                      |
|---------|----------------------|
| Email * | <input type="text"/> |
|---------|----------------------|

22. Enter the **Contact No.** of the Person In Charge.

*Note: Contact No. must be a valid local mobile contact number starting with 8 or 9.*

|               |                      |
|---------------|----------------------|
| Contact No. * | <input type="text"/> |
|---------------|----------------------|

23. Select **Yes** or **No** to indicate whether the facility has inventory of **OPV/Sabin 1 IM**. Enter the **Expected Destruction Date** and **Reason For Retention**, if fields are displayed.

*Note: The **Expected Destruction Date** and **Reason For Retention** fields will be displayed if Yes was selected.*

| Inventory Information                                                                  |                                                               |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| OPV/Sabin 1 IM *                                                                       | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| (Please specify the reason for retention of the IM and the expected destruction date.) |                                                               |
| Expected Destruction Date *                                                            | <input type="text" value="dd/mm/yyyy"/>                       |
| Reason For Retention *                                                                 | <input type="text"/>                                          |

24. The value for inventory of **OPV/Sabin 2 IM** is set to **No**.

|                |                                                               |
|----------------|---------------------------------------------------------------|
| OPV/Sabin 2 IM | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|----------------|---------------------------------------------------------------|

25. **Select Yes or No** to indicate whether the facility has inventory of **OPV/Sabin 3 IM**. Enter the **Expected Destruction Date** and **Reason For Retention**, if fields are displayed.

*Note: The **Expected Destruction Date** and **Reason For Retention** fields will be displayed if Yes was selected.*

|                                                                                                       |            |
|-------------------------------------------------------------------------------------------------------|------------|
| OPV/Sabin 3 IM *                                                                                      |            |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                         |            |
| <small>(Please specify the reason for retention of the IM and the expected destruction date.)</small> |            |
| Expected Destruction Date *                                                                           | dd/mm/yyyy |
| Reason For Retention *                                                                                |            |

26. **Select Yes or No** to indicate whether the facility has inventory of **OPV/Sabin 1 PIM**. **Select the Risk Level** and enter the **Expected Destruction Date** and **Reason For Retention**, if fields are displayed.

*Note: The **Risk Level**, **Expected Destruction Date** and **Reason For Retention** fields will be displayed if Yes was selected.*

|                                                                                                                                                               |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| OPV/Sabin 1 PIM *                                                                                                                                             |                                                                                                     |
| <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                 |                                                                                                     |
| <small>(For each PIM type, please specify the highest risk level associated with the work involving the PIM and the reason for retention of the PIM.)</small> |                                                                                                     |
| Risk Level *                                                               | Please Select  |
| Expected Destruction Date *                                                                                                                                   | dd/mm/yyyy                                                                                          |
| Reason For Retention *                                                                                                                                        |                                                                                                     |

27. **Select Yes or No** to indicate whether the facility has inventory of **OPV/Sabin 2 PIM**. **Select the Risk Level** and enter the **Expected Destruction Date** and **Reason For Retention**, if fields are displayed.

*Note: The **Risk Level**, **Expected Destruction Date** and **Reason For Retention** fields will be displayed if Yes was selected.*

|                                                                                                                                                |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| OPV/Sabin 2 PIM *                                                                                                                              | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| (For each PIM type, please specify the highest risk level associated with the work involving the PIM and the reason for retention of the PIM.) |                                                               |
| Risk Level *                                                  | <div>Please Select</div>                                      |
| Expected Destruction Date *                                                                                                                    | <div>dd/mm/yyyy</div>                                         |
| Reason For Retention *                                                                                                                         | <div></div>                                                   |

28. **Select Yes or No** to indicate whether the facility has inventory of **OPV/Sabin 3 PIM**. **Select the Risk Level** and enter the **Expected Destruction Date** and **Reason For Retention**, if fields are displayed.

*Note: The **Risk Level**, **Expected Destruction Date** and **Reason For Retention** fields will be displayed if Yes was selected.*

|                                                                                                                                                |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| OPV/Sabin 3 PIM *                                                                                                                              | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| (For each PIM type, please specify the highest risk level associated with the work involving the PIM and the reason for retention of the PIM.) |                                                               |
| Risk Level *                                                | <div>Please Select</div>                                      |
| Expected Destruction Date *                                                                                                                    | <div>dd/mm/yyyy</div>                                         |
| Reason For Retention *                                                                                                                         | <div></div>                                                   |

29. **Click +Add Facility Profile** to add (i.e. register) another facility **handling poliovirus potentially infectious materials**, if applicable. Steps 2 to 28 are applicable if **+Add Facility Profile** is selected.

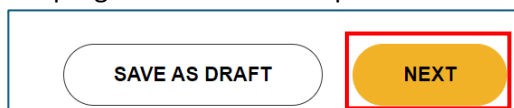
*Note: A maximum of 50 Facility Profiles can be added per application.*

|                                   |
|-----------------------------------|
| <div>+ Add Facility Profile</div> |
|-----------------------------------|

30. **Click X** to remove the fields for the additional **Facility**, if applicable.

|                    |              |
|--------------------|--------------|
| Facility Profile 2 | <div>X</div> |
|--------------------|--------------|

31. **Ensure all mandatory fields are completed.** Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.



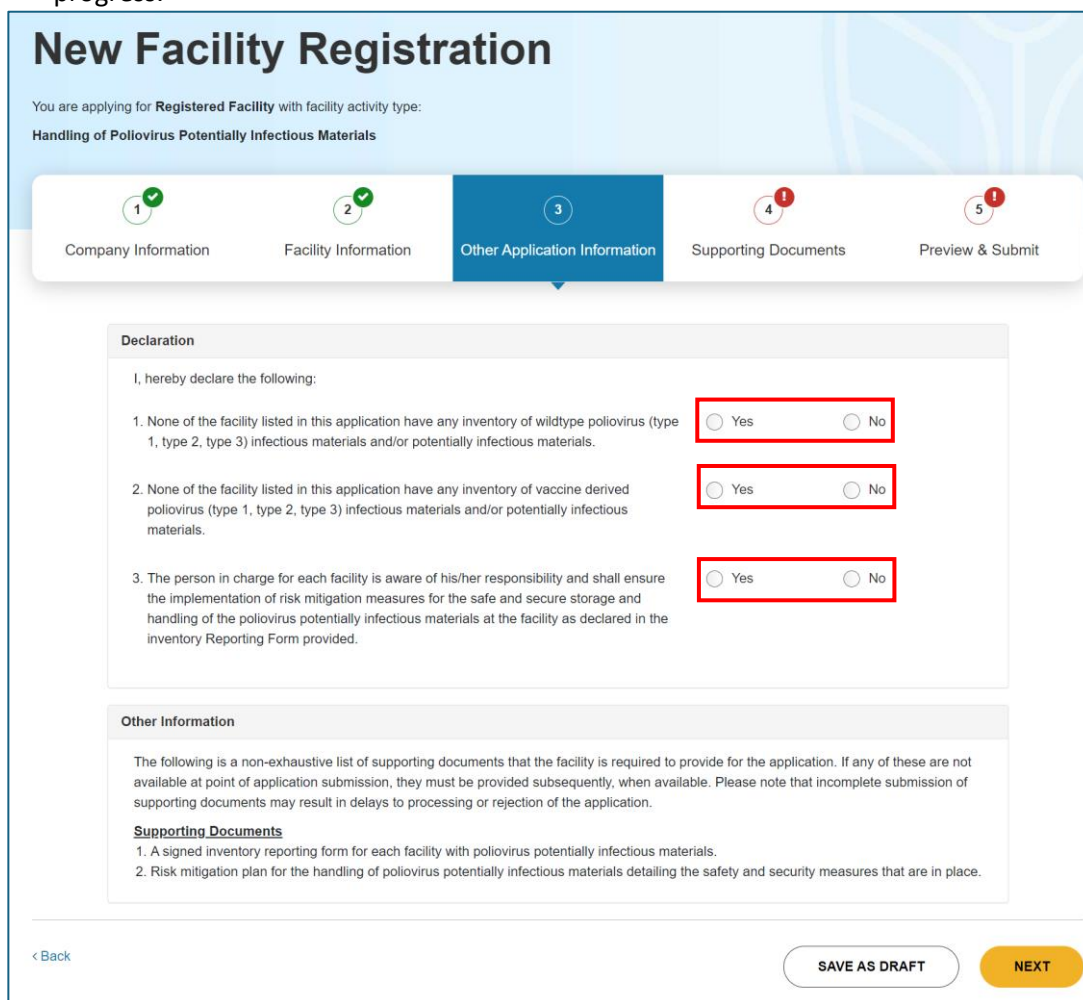
The image shows two buttons side-by-side. The first button is labeled 'SAVE AS DRAFT' and has a light blue background. The second button is labeled 'NEXT' and has a yellow background with a red border. Both buttons are rounded rectangles.

### 1.6.2.2. Stage 2.2: Facility Administrator/Officer

The steps to complete the Facility Administrator/Officer section is the same for Registered Facility. Refer to the steps listed in [Section 1.5.2.2 Stage 2.2](#) to complete this section.

### 1.6.3. Stage 3: Other Application Information

1. **Fill in all highlighted mandatory fields.** Click **SAVE AS DRAFT** at any point to save progress.



The screenshot shows the 'New Facility Registration' form. At the top, it says 'You are applying for **Registered Facility** with facility activity type: **Handling of Poliovirus Potentially Infectious Materials**'. Below this is a progress bar with five steps: 1. Company Information (green checkmark), 2. Facility Information (green checkmark), 3. Other Application Information (blue background, active), 4. Supporting Documents (red exclamation mark), and 5. Preview & Submit (red exclamation mark). The main content area is titled 'Declaration' and contains three numbered questions, each with 'Yes' and 'No' radio button options. The 'Yes' options are highlighted with red boxes. Below the declaration is an 'Other Information' section with a paragraph of text and a list of supporting documents. At the bottom, there is a '< Back' link, a 'SAVE AS DRAFT' button, and a 'NEXT' button.

**New Facility Registration**

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1 ☒ 2 ☒ 3 ☐ 4 ☐ 5 ☐

Company Information Facility Information Other Application Information Supporting Documents Preview & Submit

**Declaration**

I, hereby declare the following:

1. None of the facility listed in this application have any inventory of wildtype poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials. ☐ Yes ☐ No

2. None of the facility listed in this application have any inventory of vaccine derived poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials. ☐ Yes ☐ No

3. The person in charge for each facility is aware of his/her responsibility and shall ensure the implementation of risk mitigation measures for the safe and secure storage and handling of the poliovirus potentially infectious materials at the facility as declared in the inventory Reporting Form provided. ☐ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. A signed inventory reporting form for each facility with poliovirus potentially infectious materials.  
2. Risk mitigation plan for the handling of poliovirus potentially infectious materials detailing the safety and security measures that are in place.

< Back **SAVE AS DRAFT** **NEXT**

2. Select the input for each declaration:

|                                                                                                                                                                                                                                                                                                                    |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. None of the facility listed in this application have any inventory of wildtype poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials.                                                                                                                                | <input type="radio"/> Yes <input type="radio"/> No |
| 2. None of the facility listed in this application have any inventory of vaccine derived poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials                                                                                                                          | <input type="radio"/> Yes <input type="radio"/> No |
| 3. The person in charge for each facility is aware of his/her responsibility and shall ensure the implementation of risk mitigation measures for the safe and secure storage and handling of the poliovirus potentially infectious materials at the facility as declared in the inventory Reporting Form provided. | <input type="radio"/> Yes <input type="radio"/> No |

3. Fill in all **mandatory** fields and click **Next to proceed**. Click **SAVE AS DRAFT** at any point to save progress.

*Note: "Yes" must be selected for all the declarations to proceed.*

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1

2

3

4

5

Company Information

Facility Information

Other Application Information

Supporting Documents

Preview & Submit

**Declaration**

I, hereby declare the following:

1. None of the facility listed in this application have any inventory of wildtype poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials.

☒ Yes ☐ No

2. None of the facility listed in this application have any inventory of vaccine derived poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials.

☒ Yes ☐ No

3. The person in charge for each facility is aware of his/her responsibility and shall ensure the implementation of risk mitigation measures for the safe and secure storage and handling of the poliovirus potentially infectious materials at the facility as declared in the inventory Reporting Form provided.

☒ Yes ☐ No

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. A signed inventory reporting form for each facility with poliovirus potentially infectious materials.

2. Risk mitigation plan for the handling of poliovirus potentially infectious materials detailing the safety and security measures that are in place.

[< Back](#)

SAVE AS DRAFT

NEXT

## 1.6.4. Stage 4: Supporting Documents

1. Upload all the **highlighted mandatory** documents under **Supporting documents**.

*Note: Multiple documents can be uploaded in each section.*

The screenshot shows the 'New Facility Registration' form. At the top, it says 'You are applying for **Registered Facility** with facility activity type: **Handling of Poliovirus Potentially Infectious Materials**'. Below this is a progress bar with five steps: 1. Company Information (green checkmark), 2. Facility Information (green checkmark), 3. Other Application Information (green checkmark), 4. Supporting Documents (blue highlight), and 5. Preview & Submit (red exclamation mark). Below the progress bar, there are instructions: 'The maximum file size per document is 10 MB.', 'Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.', and 'Please ensure that the corresponding Document Type is selected for each document uploaded under Others.' The 'Supporting Documents' section has three sub-sections: 'Inventory Reporting Form \*' with an 'UPLOAD' button, 'Risk Mitigation Plan \*' with an 'UPLOAD' button, and 'Others' with an 'UPLOAD' button. At the bottom, there is a '< Back' link, a 'SAVE AS DRAFT' button, and a 'NEXT' button.

2. Upload the **Inventory Reporting Form**. Click **UPLOAD** and select the document to upload.

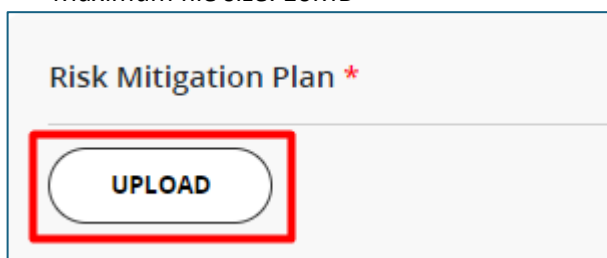
*Note: A completed Inventory Reporting Form is required for **each facility** that is being registered.*

Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX

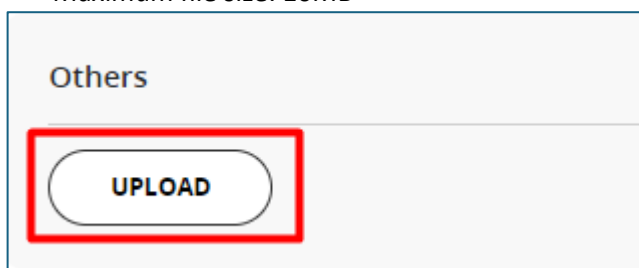
Maximum file size: 10MB

This is a close-up of the 'Inventory Reporting Form \*' section. It shows the 'UPLOAD' button, which is highlighted with a red rectangle.

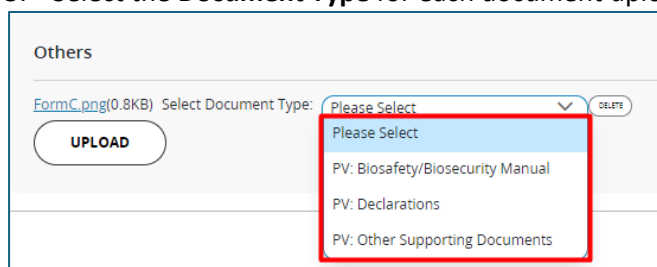
3. Upload the **Risk Mitigation Plan**. Click **UPLOAD** and select the document to upload.  
*Note: The Risk Mitigation Plan captures details of the risk mitigation strategies that are in place for the handling of the poliovirus potentially infectious materials.*  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



4. Upload any other relevant supporting documents under **Others**. Click **UPLOAD** and select the document to upload.  
*Note: This is optional.*  
Acceptable file formats: JPG, JPEG, PNG, PDF, CSV, DOC, DOCX, XLS, XLSX  
Maximum file size: 10MB



5. Select the **Document Type** for each document uploaded under **Others** section.



6. Upon successful upload, the hyperlink of each uploaded document will be displayed. When all the **mandatory** documents have been **uploaded**, click **Next** to proceed. Click **SAVE AS DRAFT** at any point to save progress. Click **Delete** to remove an uploaded document. Click the **file name hyperlink** to download the uploaded file.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Other Application Information

4  
Supporting Documents

5 !  
Preview & Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

### Supporting Documents

Inventory Reporting Form \*

FormA.png(0.7KB) DELETE

UPLOAD

Risk Mitigation Plan \*

FormB.png(1.1KB) DELETE

UPLOAD

Others

FormC.png(0.8KB) Select Document Type: PV: Biosafety/Biosecurity Manual DELETE

UPLOAD

[< Back](#)

SAVE AS DRAFTNEXT

### 1.6.5. Stage 5: Preview & Submit

1. In the **Preview & Submit** page, review the information that was provided in the application.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Other Application Information

4 ✓  
Supporting Documents

5  
Preview & Submit

Print

Company Information ✓

Facility Information ✓

Other Application Information ✓

Supporting Documents ✓

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

[< Back](#)

SAVE AS DRAFT

SUBMIT

2. Click on **Company Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Company Information** or the **arrow** again.

Company Information ✓

Company Profile

|                   |                    |
|-------------------|--------------------|
| UEN               | 201717823R         |
| Company Name      | Daniel             |
| Postal Code       | 117438             |
| Address Type      | Apt Blk            |
| Block / House No. | 10                 |
| Floor No.         | 10                 |
| Unit No.          | 01                 |
| Street Name       | Pasir Panjang Road |

3. Click on **Facility Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Facility Information** or the **arrow** again. Click **Edit** to return to the **Facility Information** section (Stage 2) to make changes.

Facility Information

Edit

**Facility Profile**

|                                                          |                         |
|----------------------------------------------------------|-------------------------|
| Facility Name                                            | PNFsmk_001              |
| Type of Facility                                         | Academic                |
| Is the Facility address the same as the company address? | Yes                     |
| Postal Code                                              | 117438                  |
| Address Type                                             | Apt Blk                 |
| Block / House No.                                        | 10                      |
| Floor No.                                                | 10                      |
| Unit No.                                                 | 01                      |
| Street Name                                              | Pasir Panjang Road      |
| Building Name                                            | Mapletree Business City |
| Is the facility a Protected Place?                       | No                      |

**Person In Charge**

4. Click on **Other Application Information** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Other Application Information** or the **arrow** again. Click **Edit** to return to the **Other Application Information** section (Stage 3).

Other Application Information

Edit

**Declaration**

I, hereby declare the following:

|                                                                                                                                                                                                                                                                                                                    |                                      |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| 1. None of the facility listed in this application have any inventory of wildtype poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials.                                                                                                                                | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 2. None of the facility listed in this application have any inventory of vaccine derived poliovirus (type 1, type 2, type 3) infectious materials and/or potentially infectious materials.                                                                                                                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 3. The person in charge for each facility is aware of his/her responsibility and shall ensure the implementation of risk mitigation measures for the safe and secure storage and handling of the poliovirus potentially infectious materials at the facility as declared in the inventory Reporting Form provided. | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

**Other Information**

The following is a non-exhaustive list of supporting documents that the facility is required to provide for the application. If any of these are not available at point of application submission, they must be provided subsequently, when available. Please note that incomplete submission of supporting documents may result in delays to processing or rejection of the application.

**Supporting Documents**

1. A signed inventory reporting form for each facility with poliovirus potentially infectious materials.
2. Risk mitigation plan for the handling of poliovirus potentially infectious materials detailing the safety and security measures that are in place.

5. Click on **Supporting Documents** or the **arrow** to expand the section and verify the information. To collapse the section, click on **Supporting Documents** or the **arrow** again. Click **Edit** to return to the **Supporting Documents** section (Stage 4) to delete or replace an uploaded document or upload additional documents.

Supporting Documents ✓

Edit

Uploaded Documents

Inventory Reporting Form

[Example Form A.docx](#)(11.9KB)

Risk Mitigation Plan

[Example Form B.docx](#)(11.9KB)

6. **Enter Remarks**, if applicable.

Remarks

7. **Mark the checkbox** for the **declaration**.

☐

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

8. Ensure that the checkbox for the declaration has been checked. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the application.

## New Facility Registration

You are applying for **Registered Facility** with facility activity type:  
**Handling of Poliovirus Potentially Infectious Materials**

1 ✓  
Company Information

2 ✓  
Facility Information

3 ✓  
Other Application Information

4 ✓  
Supporting Documents

5  
Preview & Submit

Print

Company Information ✓

Facility Information ✓

Other Application Information ✓

Supporting Documents ✓

Remarks

☒

I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

< Back

SAVE AS DRAFT

SUBMIT

9. Upon successful submission of the application, an acknowledgement message will be displayed. An **Application Number** is generated to track the application. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

## New Facility Registration

**Your submission is successful.**

Registered Facility with Facility Activity Type:  
- Handling of Poliovirus Potentially Infectious Materials

We will notify you of the status of the application or if additional information is required.

| Application Number | Date & Time         |
|--------------------|---------------------|
| A240505PNF002      | 05/05/2024 20:01:24 |

PRINT

HOME

10. A notification of acknowledgement of submission can be found in the **Inbox**. Click the **hyperlink** under **Subject** to view the content.

| <input type="checkbox"/> | Subject                                                                                       | Message Type                                       | Facility Name | Reference Number | Submission Type           | Date of Notification |
|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|------------------|---------------------------|----------------------|
| <input type="checkbox"/> | <a href="#">MOH Biosafety - [Notification]: Acknowledgement of Submission - A240505PNF002</a> | Notification – System generated email notification | PNFsmk_001    | N240505PNF001    | New Facility Registration | 05/05/2024 20:01:24  |

11. From the **Dashboard**, click the **Applications** tab to view the submitted application. Verify that the status of the submitted application is **Pending MOH**.

Inbox (4)

**Applications**

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.:

A240505PNF002

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

« < 1 > »

| Application No. | Facility Name | Application Type | Application Sub-Type  | Application Status | Date Saved/Submitted | Actions |
|-----------------|---------------|------------------|-----------------------|--------------------|----------------------|---------|
| A240505PNF002   | PNFsmk_001    | New              | Facility Registration | Pending MOH        | 05/05/2024 20:01:24  | Select  |

## 2. RETRIEVE SAVED DRAFT APPLICATION

1. From the Dashboard, click **Application Drafts** to access all the saved drafts. The count displayed indicates the number of saved drafts.

Dashboard

eServices

Emily

New Messages0

Application Drafts1

Active Facilities0

Active Approvals0

Last Login: 22/07/2024 19:10 | Last Activity: Internet Logout, On 22/07/2024

Inbox (0)

Applications

Facilities

Approvals

Certifications/  
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

Draft

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items10

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

F240725HCF001

New

Facility Registration

Draft

25/07/2024 16:45:50

Select

2. Select **Continue** under the **Actions** dropdown to resume working on the saved draft. System will redirect to the application form containing the saved input. Refer to the relevant section of the User Guide as applicable for the steps to complete the application form.

*Note: Click **Delete** to remove the saved draft application. A saved draft will be automatically deleted by the system after 60 days.*

Dashboard

eServices

Emily

New Messages0

Application Drafts1

Active Facilities0

Active Approvals0

Last Login: 22/07/2024 19:10 | Last Activity: Internet Logout On 22/07/2024

Inbox (0)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items10

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

F240725HCF001

New

Facility Registration

Draft

25/07/2024 16:45:50

Select

Select

Continue

Delete