



MINISTRY OF HEALTH SINGAPORE

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

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Contents

1.	APPLY FOR NEW APPROVAL.....	4
1.1.	Apply for Approval for Facility Activity Type	6
1.2.	Apply for Approval to Possess	17
1.3.	Apply for Approval to Large-Scale Produce	34
1.4.	Apply for Special Approval to Handle	51
2.	APPLY FOR RENEWAL OF FACILITY REGISTRATION.....	67
2.1.	Company Information	68
2.2.	Facility Information	69
2.2.1.	Facility Profile.....	69
2.2.2.	Facility Operator Profile.....	70
2.2.3.	Facility Administrator/Officer	71
2.2.4.	Biosafety Committee	73
2.2.5.	Authorised Personnel	75
2.3.	Biological Agents and Toxins	77
2.4.	Other Application Information	79
2.5.	Supporting Documents.....	80
2.6.	Approved Facility Certifier	82
2.7.	Preview & Submit.....	83
3.	APPLY FOR DEFERMENT OF RENEWAL	87
4.	APPLY TO UPDATE EXISTING INFORMATION (REQUEST FOR CHANGE)	91
4.1.	Update Facility Information.....	91
4.1.1.	Facility Information	94
4.1.2.	Biological Agents & Toxins	100
4.1.3.	Other Application Information (View only)	101
4.1.4.	Supporting Documents	102
4.1.5.	Approved Facility Certifier	103
4.1.6.	Preview & Submit.....	104
4.2.	Update Approval Information.....	108
4.2.1.	Application Information.....	110
4.2.2.	Supporting Document	111
4.2.3.	Preview & Submit.....	112
5.	RESPOND TO REQUEST FOR INFORMATION	116
5.1.	Respond to Workflow RFI.....	116
	Example 1: Respond to Workflow RFI requesting for additional Supporting Documents in response to the application for New Facility Registration	116

Example 2: Respond to workflow RFI requesting for additional information under Details of Biological Agent/Toxin and additional Supporting Documents in response to the application for New Approval to Possess	127
5.2. Respond to Ad-Hoc RFI.....	137
6. WITHDRAWAL	142
6.1. Submit Withdrawal of an Application	142
6.2. Withdrawal of Incident Notification	150
6.3. Submit Withdrawal of Data Submissions	151
7. APPLY FOR APPROVAL CANCELLATION.....	153
8. APPLY FOR FACILITY DEREGISTRATION.....	158

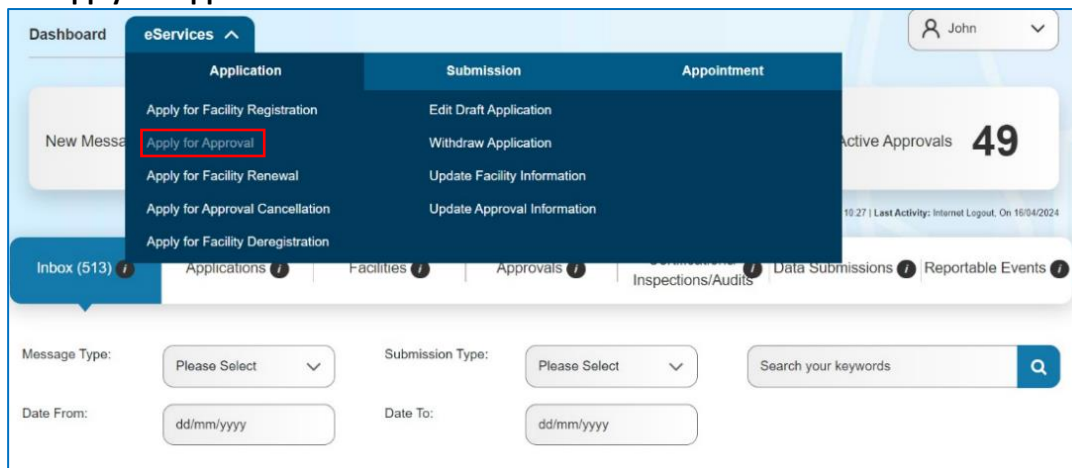
Disclaimer: The screenshots provided in this user guide are for illustrative purposes only. They serve as examples to demonstrate the layout and functionality of the user interface in the Healthcare Application and Licensing Portal - Biosafety Module. Please note that the values shown in certain fields, such as dates, application number, or user-specific information including Facility Name may not reflect actual or consistent data, unlike what a user would expect to see in the live system.

1. APPLY FOR NEW APPROVAL

This section describes the steps to apply for the following types of approvals:

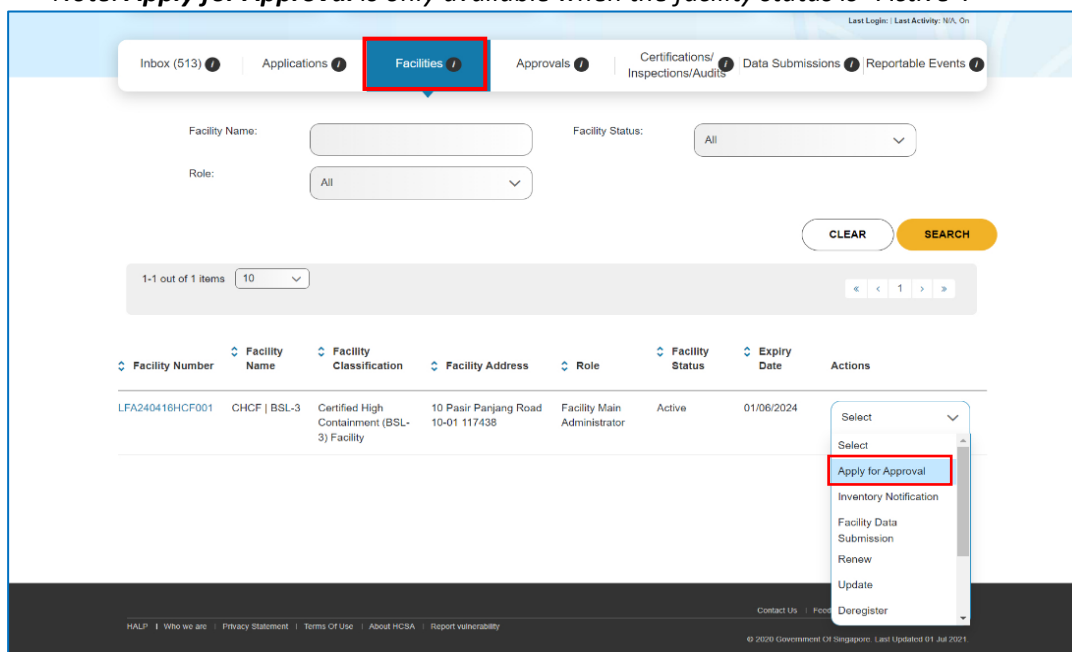
- a. Approval for Facility Activity Type
- b. Approval to Possess
- c. Approval to Large Scale Produce
- d. Special Approval to Handle

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



2. The system will redirect to the **Facilities** tab. Click the **Actions** dropdown for the intended facility and click **Apply for Approval**.

*Note: **Apply for Approval** is only available when the facility status is "Active".*



3. The system will redirect to the **Application for Approval** page. From here onwards, the steps will differ depending on the the type of approval selected. Refer to the steps for the relevant type of approval:
- a. [Approval for Facility Activity Type](#)
 - b. [Approval to Possess](#)
 - c. [Approval to Large-Scale Produce](#)
 - d. [Special Approval to Handle](#)

[Dashboard](#) [eServices](#) ▾

Application for Approval

Please select the type of approval

☐ Approval for Facility Activity Type

☐ Approval to Possess

☐ Approval to Large Scale Produce

☐ Special Approval to Handle

[< Back](#)

[NEXT](#)

1.1. Apply for Approval for Facility Activity Type

As the name implies, the Approval for Facility Activity Type is an approval granted to the facility based on the activity that the facility intends to perform. Each facility registered in HALP must have at least one approval for facility activity type. The options for Approval for Facility Activity Type varies depending on the classification of the facility. A Registered Facility can only have one Approval for Facility Activity Type. Other facilities can have one or more Approval for Facility Activity Type.

To apply for an Approval for Facility Activity Type, the Facility status must be “Active”.

1. Select **Approval for Facility Activity Type** and click **NEXT**.

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MINISTRY OF HEALTH SINGAPORE

HALP Healthcare Application and Licensing Portal

Dashboard eServices

John

Application for Approval

Please select the type of approval

☒ Approval for Facility Activity Type

☐ Approval to Possess

☐ Approval to Large Scale Produce

☐ Special Approval to Handle

< Back

NEXT

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2. The system will redirect to the Application for Approval for Facility Activity Type page with the **Company Info** displayed. Verify that the information is correct. Click **START APPLICATION** to proceed.

Application for Approval

You are applying for **Approval for Facility Activity Type**

Company Info

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 5 minutes to complete. You may save your progress at any time and resume your application later.

[< Back](#)

START APPLICATION

3. The system will redirect to the **Application Information** page. Verify that the **Facility Profile** is correct. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (refer to *MOH HALP Internet - Facility User Guide Part 2.1 Section 2* for the steps to retrieve a saved draft and resume working it).

MINISTRY OF HEALTH SINGAPORE | HALP Healthcare Application and Licensing Portal

Dashboard eServices John

Application for Approval

You are applying for **Approval for Facility Activity Type**

1 Application Information 2 Supporting Documents 3 Preview and Submit

Facility Profile Facility Activity Type

Facility Profile

Facility Name: CHCF | BSL-3

Facility Classification: Certified High Containment (BSL-3) Facility

Existing Facility Activity Type Approval: Possession of First and/or Second Schedule Biological Agent

< Back SAVE AS DRAFT NEXT

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4. **Select** the checkbox for one or more desired **Facility Activity Type** and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (refer to *MOH HALP Internet - Facility User Guide Part 2.1 Section 2* for the steps to retrieve a saved draft and resume working it).

*Note: The **Facility Activity Type** available for selection may differ depending on the Facility Classification.*

Dashboard eServices John

Application for Approval

You are applying for **Approval for Facility Activity Type**

1 Application Information 2 Supporting Documents 3 Preview and Submit

Facility Profile Facility Activity Type

Facility Activity Type *

Please select the facility activity type from the following:

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

< Back **SAVE AS DRAFT** **NEXT**

Dashboard eServices John

Application for Approval

You are applying for **Approval for Facility Activity Type**

1 Application Information 2 Supporting Documents 3 Preview and Submit

Facility Profile Facility Activity Type

Facility Activity Type *

Please select the facility activity type from the following:

- ☐ 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 **SAVE AS DRAFT** **NEXT**

5. Under **Supporting Documents**, click **UPLOAD** and select the document to upload.

Application for Approval

You are applying for **Approval for Facility Activity Type**

1 Application Information

2 Supporting Documents

3 Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

UPLOAD

Risk Assessment and Management

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

6. For documents uploaded under **Others** section, **select** the **Document Type** for each uploaded document.

Application for Approval

You are applying for **Approval for Facility Activity Type**

1

2

3

Application Information

Supporting Documents

Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

Form A.png (6.7KB)

UPLOAD

Risk Assessment and Management

Form B.png (6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

Form C.png (6.7KB)

UPLOAD

GMAC Endorsement

Form D.png (6.7KB)

UPLOAD

Others

Form E.png (6.7KB) Select Document Type:

Please Select

Please Select

Facility: Application Letter

Facility: Biosafety and Biosecurity Manual

Facility: Declaration by Facility Operator

Facility: Other Declarations

Facility: Other Supporting Documents

UPLOAD

[< Back](#)

SAVE AS DRAFT

PREVIEW

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7. Click **PREVIEW** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).
Click **Delete** to remove an uploaded document.
Click the **file name hyperlink** to download the uploaded file.

Application for Approval

You are applying for **Approval for Facility Activity Type**

1

2

3

Application InformationSupporting DocumentsPreview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

Form A.png(6.7KB)

UPLOAD

Risk Assessment and Management

Form B.png(6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

Form C.png(6.7KB)

UPLOAD

GMAC Endorsement

Form D.png(6.7KB)

UPLOAD

Others

Form E.png(6.7KB) Select Document Type: Facility: Application Letter

UPLOAD

[< Back](#)

SAVE AS DRAFTPREVIEW

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

The screenshot shows the 'Application for Approval' page. At the top, there is a navigation bar with 'Dashboard' and 'eServices' dropdowns, and a user profile 'John'. The main heading is 'Application for Approval' with a subtitle 'You are applying for Approval for Facility Activity Type'. Below this is a progress bar with three steps: '1 Application Information', '2 Supporting Documents', and '3 Preview and Submit'. The '3 Preview and Submit' step is highlighted with a red box. Below the progress bar, there are two expandable sections: 'Application Information' and 'Supporting Documents', both with green checkmarks. A 'Remarks' text area is below these sections. At the bottom, there is a checkbox for a declaration and two buttons: 'SAVE AS DRAFT' and 'SUBMIT'.

9. Click on **Application Information** and **Supporting Documents** to expand the sections and verify the information. To collapse the sections, click on **Application Information** and **Supporting Documents** again.

This screenshot is similar to the previous one, but the 'Application Information' and 'Supporting Documents' sections are now expanded, showing their respective content areas. The '3 Preview and Submit' step remains highlighted in the progress bar. The rest of the page layout, including the navigation bar, heading, remarks section, and bottom buttons, is identical to the previous screenshot.

10. Enter Remarks, if applicable.

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

11. 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.

12. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

<div>SAVE AS DRAFT</div> <div>SUBMIT</div>
--

13. 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**.

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 Healthcare Application and Licensing Portal

Dashboard eServices ▾

John ▾

Application for Approval

Your submission is successful.

Approval for Facility Activity Type:
- Possession of First Schedule Biological Agent

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

Application Number	Date & Time
A240416FAT004	16/04/2024 17:00:14

PRINT

HOME

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

Dashboard

eServices

John

New Messages255

Application Drafts0

Active Facilities5

Active Approvals7

Last Login: Last Activity: N/A, On

Inbox (255)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Message Type:Please Select

Submission Type:Please Select

Search your keywords

Date From:dd/mm/yyyy

Date To:dd/mm/yyyy

1-10 out of 258 items10

Subject

Message Type

Facility Name

Reference Number

Submission Type

Date of Notification

☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703FAT001	Notification – System generated email notification	High Containment - Certified Facility	N240703FAT001	New Approval for Facility Activity Type	03/07/2024 14:07:14
☐	MOH Biosafety – [Notification]: Approval of Renewal Application - R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF008	Renewal of Facility Registration	03/07/2024 13:32:17
☐	MOH Biosafety – [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF006	Renewal of Facility Registration	03/07/2024 13:24:06
☐	MOH Biosafety – [Notification]: Rejection of Facility Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF004	Renewal of Facility Registration	03/07/2024 11:56:40
☐	MOH Biosafety – [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF002	Renewal of Facility Registration	03/07/2024 11:53:05
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240628BMF001	Action Required	28/6 ST BMF	N240703RTR013	Renewal of Facility Registration	03/07/2024 02:00:16
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240624HCF001	Action Required	High Containment - Certified Facility	N240703RTR010	Renewal of Facility Registration	03/07/2024 02:00:15
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240617UCF004	Action Required	UCF test 2	N240703RTR009	Renewal of Facility Registration	03/07/2024 02:00:15
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240616BMF001	Action Required	BMF Test 1	N240703RTR001	Renewal of Facility Registration	03/07/2024 02:00:10
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240616UCF001	Action Required	Uncertified Facility	N240703RTR004	Renewal of Facility Registration	03/07/2024 02:00:07

ARCHIVE

ACCESS ARCHIVE

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

The screenshot displays the HALP (Healthcare Application and Licensing Portal) dashboard. At the top, the Ministry of Health Singapore logo and HALP title are visible. The dashboard includes a navigation bar with 'Dashboard' and 'eServices' tabs, and a user profile dropdown for 'John'. Key metrics are shown in a row: New Messages (519), Application Drafts (0), Active Facilities (20), and Active Approvals (51). Below these, a horizontal menu highlights the 'Applications' tab, which has a red box around it. Other tabs include 'Inbox (519)', 'Facilities', 'Approvals', 'Certifications/Inspections/Audits', 'Data Submissions', and 'Reportable Events'. The main content area features a search filter section with fields for Application No., Facility Name, Application Type (set to 'All'), Application Sub-Type (set to 'Please Select'), Application Status (set to 'All'), and date ranges. 'CLEAR' and 'SEARCH' buttons are present. Below the filters is a pagination bar showing '1-1 out of 1 items' and a table of results. The table has columns for Application No., Facility Name, Application Type, Application Sub-Type, Application Status, Date Saved/Submitted, and Actions. A single row is displayed with the following data: Application No. A240418FAT004, Facility Name Uncertified Facility | UCF, Application Type New, Application Sub-Type Approval for Facility Activity Type, Application Status Pending MOH, Date Saved/Submitted 16/04/2024 17:00:14, and an Actions dropdown menu. This row is highlighted with a red box.

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A240418FAT004	Uncertified Facility UCF	New	Approval for Facility Activity Type	Pending MOH	16/04/2024 17:00:14	Select

1.2. Apply for Approval to Possess

To apply for Approval to Possess, the statuses of both the Facility and the pre-requisite Approval for Facility Activity Type must be “Active”.

1. Select **Approval to Possess** and click **NEXT**.

Application for Approval

Please select the type of approval

☐ Approval for Facility Activity Type

☒ Approval to Possess

☐ Approval to Large Scale Produce

☐ Special Approval to Handle

[< Back](#)

NEXT

2. The system will redirect to the Application for Approval to Possess page with the **Company Info** displayed. Verify that the information is correct. Click **START APPLICATION** to proceed.

Application for Approval

You are applying for **Approval to Possess**

Company Info

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 5 minutes to complete. You may save your progress at any time and resume your application later.

[< Back](#)

START APPLICATION

3. The system will redirect to the **Application Information** page. Verify that the **Facility Profile** is correct. Click **SAVE AS DRAFT** at any point to save progress (refer to *MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*). Click **NEXT** to proceed.

Application for Approval

You are applying for **Approval to Possess**

1
Application Information

2
Supporting Documents

3
Preview and Submit

● Facility Profile

○ Details of Biological Agent/Toxin

Facility Profile

Facility Name:	CHCF BSL-3
Facility Classification:	Certified High Containment (BSL-3) Facility
Existing Facility Activity Type Approval:	<ul style="list-style-type: none">• Possession of First and/or Second Schedule Biological Agent

[< Back](#)

SAVE AS DRAFT

NEXT

4. Fill in all the mandatory fields in the **Details of Biological Agent/Toxin** page.

Application for Approval

You are applying for **Approval to Possess**

1Application Information

2Supporting Documents

3Preview and Submit

Facility ProfileDetails of Biological Agent/Toxin

Details of Biological Agent/Toxin

Schedule *

Please Select

Name of Biological Agent/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 biological agent/toxin *

☐ 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/Toxin

< Back

SAVE AS DRAFT

NEXT

5. **Select the Schedule.**

*Note: Selection of **Schedule** is limited by the **Facility Activity Type of the facility**. A **Special Approval to Handle a Second Schedule biological agent** is a pre-requisite for the application of approval to possess the **Second Schedule biological agent**.*

Schedule *	Please Select
Name of Biological Agent/Toxin *	Please Select
Type of sample that will be handled *	First Schedule Part I
	First Schedule Part II
	Second Schedule
	Fifth Schedule

6. **Select the Name of Biological Agent/Toxin.**

*Note: Values displayed under **Name of Biological Agent/Toxin** 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

7. **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 9).*

Types 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.
--	---

8. Select the **Type of work that will be carried out involving the biological agent/toxin**.
*Note: If selection includes “Animal studies (specify the type of animal under details)”, “Biomanufacturing (or large-scale production) 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 9).*

Type of work that will be carried out involving the biological agent/toxin *	<div>☐ 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.</div>
--	---

9. 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>
---	-------------

10. Select the **Mode of Procurement**.

Mode of Procurement *	<div>☐ Local Transfer ☐ Import</div>
-----------------------	--

11. If **Local Transfer** was selected, fill in all **mandatory** fields for **Details of Transferring Facility** and **Details of Contact Person from Transferring Facility**.
*Note: Mandatory fields for address will differ depending on the **Address Type** selected. Contact No. must be a valid local number starting with 8 or 9.*

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/Toxin](#)

< Back

SAVE AS DRAFT

NEXT

12. If **Import** was selected, fill in all **mandatory** fields below for **Details of Exporting Facility** and **Details of Contact Person from Exporting Facility**.

*Note: Mandatory fields for address will differ depending on the **Address Type** selected.*

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

Mode of Procurement *

☐ Local Transfer ☒ Import

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/Toxin

< Back

SAVE AS DRAFT

NEXT

13. Enter Remarks.

Remarks *	<div></div>
-----------	-------------

14. Click + Add New Biological Agent/Toxin to apply for an approval to possess another biological agent/toxin.

<div>+ Add New Biological Agent/Toxin</div>

15. Repeat step 5 to step 13 for each additional biological agent/toxin.

Schedule *	<div>Please Select</div>	<div>✕</div>
Name of Biological Agent/Toxin *	<div>Please Select</div>	
Type of sample that will be handled *	<div><div>☐ Culture/isolate of biological agent</div><div>☐ Pure toxin</div><div>☐ Clinical sample e.g. blood, serum, respiratory swab, containing biological agent or toxin</div><div>☐ Animal sample containing biological agent or toxin</div><div>☐ Environmental sample containing biological agent or toxin (specify the type of samples under details)</div><div>☐ Food sample containing biological agent or toxin</div><div>☐ Others. Please specify.</div></div>	
Type of work that will be carried out involving the biological agent/toxin *	<div><div>☐ Culturing/isolation of biological agent</div><div>☐ Serological test</div><div>☐ Molecular test</div><div>☐ Animal studies (specify the type of animal under details)</div><div>☐ Biomanufacturing (or large-scale production) involving biological agent. Please specify the expected maximum handling volume under details</div><div>☐ Others. Please specify.</div></div>	
Mode of Procurement *	<div><div>☐ Local Transfer</div><div>☐ Import</div></div>	
<div>+ Add New Biological Agent/Toxin</div>		
<div>< Back</div> <div>SAVE AS DRAFT</div> <div>NEXT</div>		

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

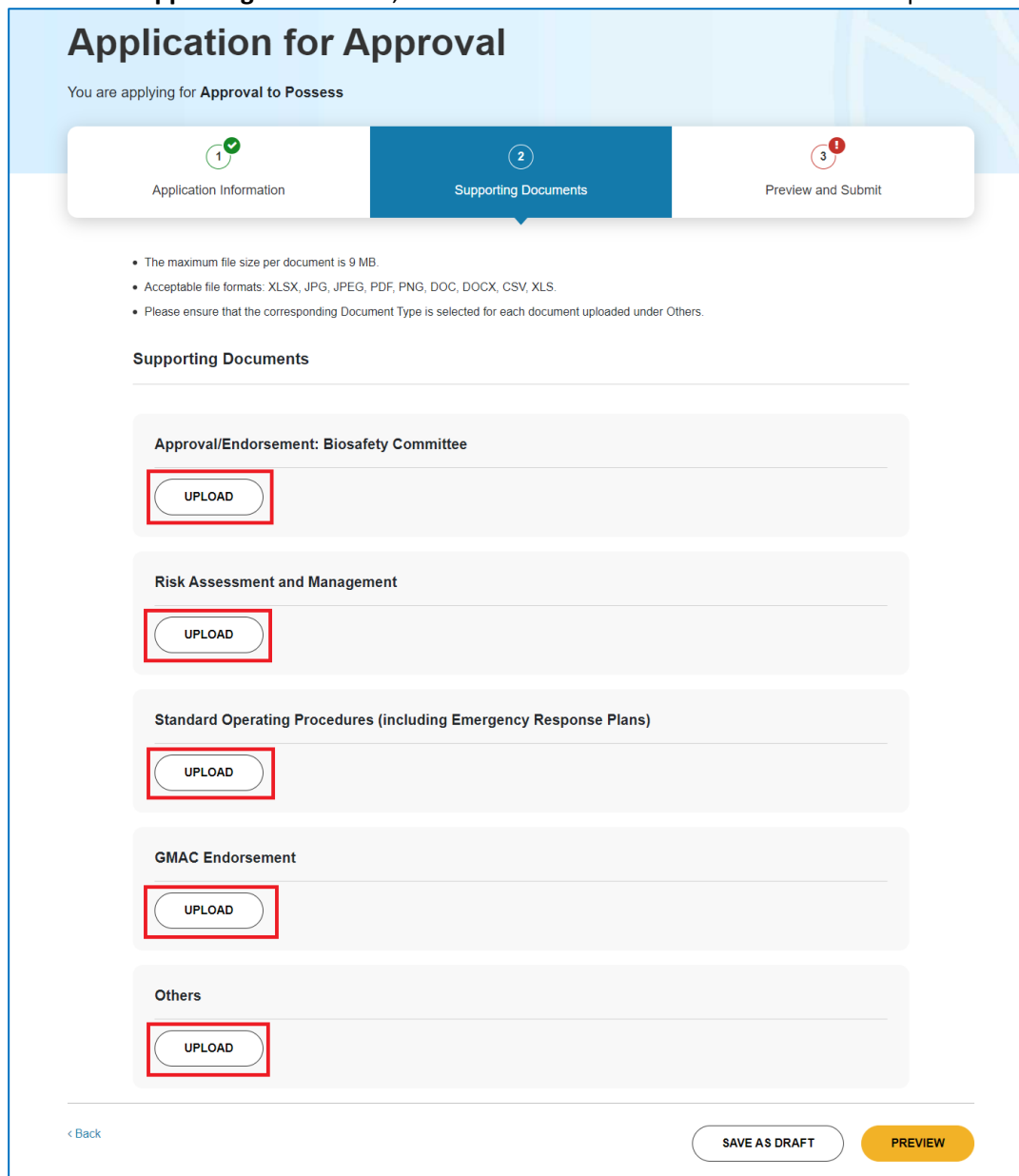
Schedule *	<div>Please Select</div>	<div>✕</div>
------------	--------------------------	--------------

17. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it).



A horizontal bar containing two buttons. The left button is labeled "SAVE AS DRAFT" and is outlined with a red border. The right button is labeled "NEXT" and is a solid yellow button, also outlined with a red border.

18. Under **Supporting Documents**, click **UPLOAD** and select the document for upload.



The screenshot shows the "Application for Approval" form. At the top, it says "You are applying for Approval to Possess". Below this is a progress bar with three steps: 1. Application Information (marked with a green check), 2. Supporting Documents (highlighted in blue), and 3. Preview and Submit (marked with a red 1). Below the progress bar, there are instructions: "The maximum file size per document is 9 MB.", "Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.", and "Please ensure that the corresponding Document Type is selected for each document uploaded under Others." The "Supporting Documents" section contains five upload fields, each with an "UPLOAD" button highlighted by a red box. The fields are labeled: "Approval/Endorsement: Biosafety Committee", "Risk Assessment and Management", "Standard Operating Procedures (including Emergency Response Plans)", "GMAC Endorsement", and "Others". At the bottom of the form, there is a "< Back" link on the left and "SAVE AS DRAFT" and "PREVIEW" buttons on the right.

19. For documents uploaded under **Others** section, **select** the **Document Type** for each uploaded document.

Application for Approval

You are applying for **Approval to Possess**

1

2

3

Application Information

Supporting Documents

Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

Form A.png (6.7KB)

UPLOAD

Risk Assessment and Management

Form B.png (6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

Form D.png (6.7KB)

UPLOAD

GMAC Endorsement

Form C.png (6.7KB)

UPLOAD

Others

Form E.png (6.7KB) Select Document Type:

Please Select
Please Select
Facility: Application Letter
Facility: Biosafety and Biosecurity Manual
Facility: Declaration by Facility Operator
Facility: Other Declarations
Facility: Other Supporting Documents

UPLOAD

< Back

SAVE AS DRAFT

PREVIEW

Contact Us | Feedback | Share your views @ Reach

20. Click **PREVIEW** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

Application for Approval

You are applying for **Approval to Possess**

1

2

3

Application InformationSupporting DocumentsPreview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

Form A.png(6.7KB)

UPLOAD

Risk Assessment and Management

Form B.png(6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

Form C.png(6.7KB)

UPLOAD

GMAC Endorsement

Form D.png(6.7KB)

UPLOAD

Others

Form H.png(6.7KB) Select Document Type: Facility: Application Letter

UPLOAD

[< Back](#)

SAVE AS DRAFTPREVIEW

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

Dashboard

eServices

John

Application for Approval

You are applying for **Approval to Possess**

1
Application Information

2
Supporting Documents

3
Preview and Submit

Print

Application Information

Supporting Documents

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

22. Click on **Application Information** and **Supporting Documents** to expand the sections and verify the relevant information. To collapse the section, click on **Application Information** and **Supporting Documents** again.

*Note: Click **Edit** to return to the relevant section to make changes.*

Application for Approval

You are applying for **Approval to Possess**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

Print

Application Information ✓

Facility Profile

Facility NameCHCF | BSL-3

Facility Classification:Certified High Containment (BSL-3) Facility

Existing Facility Activity Type Approval

- Possession of First and/or Second Schedule Biological Agent
- Possession of Fifth Schedule Toxin

Edit

Details of Biological Agent/Toxin

ScheduleFirst Schedule Part I

Name of Biological Agent/ToxinAKABANE VIRUS

Type of sample that will be handledCulture/isolate of biological agent

Type of work that will be carried out involving the biological agent/toxinCulturing/isolation of biological agent

Mode of ProcurementLocal Transfer

Details of Transferring Facility

Facility Name: test

Postal Code: 123123

Address Type: Without Apt Blk

Block / House No.:

Floor & Unit:-

Street Name: test

Building Name:

Details of Contact Person from Transferring Facility

Name: test

Email address: dedicateddummy7@gmail.com

Contact No.: 98989898

Expected Date of Transfer: 18/04/2024

Name of Courier Service Provider: test

Remarks: test

Supporting Documents ✓

Edit

Approval/Endorsement: Biosafety Committee

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

Risk Assessment and Management

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

Standard Operating Procedures (including Emergency Response Plans)

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

GMAC Endorsement

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

Others

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

Page 30 of 167

23. Enter Remarks, if applicable.

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

24. Mark the checkboxes for the 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.

25. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

<div>SAVE AS DRAFT</div> <div>SUBMIT</div>
--

26. 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	
Application for Approval	
Your submission is successful.	
Approval to Possess: - AKABANE VIRUS	
We will notify you of the status of the application or if additional information is required.	
Application Number	Date & Time
A240417POS001	17/04/2024 14:57:24
PRINT	HOME

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

Dashboard
eServices
John

New Messages 256
Application Drafts 0
Active Facilities 5
Active Approvals 7

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

Inbox (256)
Applications
Facilities
Approvals
Certifications/Inspections/Audits
Data Submissions
Reportable Events

Message Type: Please Select
Submission Type: Please Select
Search your keywords

Date From: dd/mm/yyyy
Date To: dd/mm/yyyy

1-10 out of 259 items
10

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703POS001	Notification – System generated email notification	High Containment - Certified Facility	N240703POS001	New Approval to Possess	03/07/2024 15:13:36
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703FAT001	Notification – System generated email notification	High Containment - Certified Facility	N240703FAT001	New Approval for Facility Activity Type	03/07/2024 14:07:14
☐	MOH Biosafety – [Notification]: Approval of Renewal Application - R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF008	Renewal of Facility Registration	03/07/2024 13:32:17
☐	MOH Biosafety – [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF006	Renewal of Facility Registration	03/07/2024 13:24:06
☐	MOH Biosafety – [Notification]: Rejection of Facility Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF004	Renewal of Facility Registration	03/07/2024 11:56:40
☐	MOH Biosafety – [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF002	Renewal of Facility Registration	03/07/2024 11:53:05
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240628BMF001	Action Required	28/6 ST BMF	N240703RTR013	Renewal of Facility Registration	03/07/2024 02:00:16
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240624HCF001	Action Required	High Containment - Certified Facility	N240703RTR010	Renewal of Facility Registration	03/07/2024 02:00:15
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240617UCF004	Action Required	UCF test 2	N240703RTR009	Renewal of Facility Registration	03/07/2024 02:00:15
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240616BMF001	Action Required	BMF Test 1	N240703RTR001	Renewal of Facility Registration	03/07/2024 02:00:10

ARCHIVE
ACCESS ARCHIVE

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Dashboard eServices John

New Messages 523 Application Drafts 0 Active Facilities 20 Active Approvals 52

Last Login: Last Activity: N/A, On

Inbox (523) 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

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A240417POS001	CHCF BSL-3	New	Approval to Possess	Pending MOH	17/04/2024 14:57:24	Select

1.3. Apply for Approval to Large-Scale Produce

To apply for Approval to Large-Scale Produce, the statuses of both the Facility and the prerequisite Approval for Facility Activity Type “Large Scale Production of First and/or Third Schedule Biological Agent” must be “Active”. In addition, the requirement for Approval to Possess the First Schedule biological agent is applicable for Approval to Large-Scale Produce a First Schedule biological agent.

1. Select **Approval to Large Scale Produce** and click **NEXT**.

Dashboard eServices ▾

Application for Approval

Please select the type of approval

☐ Approval for Facility Activity Type

☐ Approval to Possess

☒ Approval to Large Scale Produce

☐ Special Approval to Handle

[< Back](#)

NEXT

2. The system will redirect to the Application for Approval to Large Scale Produce page with the **Company Info** displayed. Verify that the information is correct. Click **START APPLICATION** to proceed.

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

Application for Approval

You are applying for **Approval to Large Scale Produce**

Company Info

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 5 minutes to complete. You may save your progress at any time and resume your application later.

[< Back](#)

START APPLICATION

3. The system will redirect to the **Application Information** page. Verify that the **Facility Profile** is correct and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (refer to *MOH HALP Internet - Facility User Guide Part 2.1 Section 2* for the steps to retrieve a saved draft and resume working it).

Application for Approval

You are applying for **Approval to Large Scale Produce**

1Application Information

21Supporting Documents

31Preview and Submit

Facility Profile

Details of Biological Agent

Facility Profile

Facility Name:	CHCF BSL-3
Facility Classification:	Certified High Containment (BSL-3) Facility
Existing Facility Activity Type Approval:	<ul style="list-style-type: none">• 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

[< Back](#)

SAVE AS DRAFT

NEXT

4. Fill in all the mandatory fields in the **Details of Biological Agent** page.

Application for Approval

You are applying for **Approval to Large Scale Produce**

1Application Information

2Supporting Documents

3Preview and Submit

Facility ProfileDetails of Biological Agent

Details of 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

+ Add New Biological Agent

< Back

SAVE AS DRAFT

NEXT

5. **Select the Schedule.**

*Note: Selection of **Schedule** is limited by the **Facility Activity Type** of the facility.*

Schedule *

Please Select

Please Select

First Schedule Part I

First Schedule Part II

Third Schedule

Name of Biological Agent *

Estimated maximum volume (in litres) of production at any

6. **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

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

Estimated maximum volume (in litres) of production at any one time *	<input type="text"/>
--	----------------------

8. **Enter the information related to the Method or system used for large scale production.**

Method or system used for large scale production *	<input type="text"/>
--	----------------------

9. **Select the Mode of Procurement.**

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

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

*Note: Mandatory fields for address will differ depending on the **Address Type** selected. Contact No. must be a valid local number starting with 8 or 9.*

Mode of Procurement *

☒ Local Transfer ☐ Import ☐ Already in possession

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

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

*Note: Mandatory fields for address will differ depending on the **Address Type** selected.
Retrieve your address function is not available for foreign postal codes.*

Mode of Procurement *	☐ Local Transfer	☒ Import	☐ Already in possession
Details of Exporting Facility:			
Facility Name *	<input type="text"/>		
Postal Code *	<input type="text"/>	Retrieve your address	
Address Type *	<div>Please Select</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"/>		
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 *	<div>dd/mm/yyyy</div>		
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"/>		
+ Add New Biological Agent			

12. If **Already in possession** was selected, **Details of Source Facility** would be auto-filled in.

Mode of Procurement *		☐ Local Transfer	☐ Import	☒ Already in possession
Details of Source Facility:				
Facility Name *	BSL-3 ST 23/04			
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			

13. **Enter Remarks.**

Remarks *	<div></div>
-----------	-------------

14. Click **+ Add New Biological Agent** to apply for an approval to large-scale produce another biological agent.

<div>+ Add New Biological Agent</div>

15. Repeat step 5 to step 13 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

+ Add New Biological Agent

< Back

SAVE AS DRAFT

NEXT

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

Schedule *

Please Select

17. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

SAVE AS DRAFT

NEXT

18. Under **Supporting Documents**, click **UPLOAD** and select the document for upload.

Application for Approval

You are applying for **Approval to Large Scale Produce**

1 ✓
Application Information

2
Supporting Documents

3 1
Preview and Submit

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

Supporting Documents

Approval/Endorsement: Biosafety Committee

UPLOAD

Risk Assessment and Management

UPLOAD

Standard Operating Procedures (including Emergency Response Plan)

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

< Previous

SAVE AS DRAFT

PREVIEW

19. For documents uploaded under **Others** section, **select** the **Document Type** for each uploaded document. Click **DELETE** to remove an existing document. Click **UPLOAD** to upload another document. Click the file name **hyperlink** to download the document.

Application for Approval

You are applying for **Approval to Large Scale Produce**

1

2

3

Application Information

Supporting Documents

Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

Form A.png(6.7KB)

UPLOAD

Risk Assessment and Management

Form B.png(6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plan)

Form C.png(6.7KB)

UPLOAD

GMAC Endorsement

Form D.png(6.7KB)

UPLOAD

Others

Form H.png(6.7KB)

Select Document Type:

Please Select
Please Select
Facility: Application Letter
Facility: Biosafety and Biosecurity Manual
Facility: Declaration by Facility Operator
Facility: Other Declarations
Facility: Other Supporting Documents

UPLOAD

< Back

SAVE AS DRAFT

PREVIEW

Contact Us | Feedback | Share your views @ Reach

20. Click **PREVIEW** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

Application for Approval

You are applying for **Approval to Large Scale Produce**

1
Application Information

2
Supporting Documents

3
Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee

Form A.png(6.7KB) DELETE

UPLOAD

Risk Assessment and Management

Form B.png(6.7KB) DELETE

UPLOAD

Standard Operating Procedures (including Emergency Response Plan)

Form C.png(6.7KB) DELETE

UPLOAD

GMAC Endorsement

Form D.png(6.7KB) DELETE

UPLOAD

Others

Form H.png(6.7KB) Facility: Application Letter DELETE

UPLOAD

[< Back](#)

SAVE AS DRAFT

PREVIEW

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

Application for Approval

You are applying for **Approval to Large Scale Produce**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

[Print](#)

✓ 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

22. Click on **Application Information** and **Supporting Documents** to expand the sections and verify the relevant information. To collapse the section, click on **Application Information** and **Supporting Documents** again.

*Note: Click **Edit** to return to the relevant section to make changes.*

Application for Approval

You are applying for **Approval to Large Scale Produce**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

Print

Application Information ✓

Facility Profile

Facility Name

CHCF | BSL-3

Facility Classification:

Certified High Containment (BSL-3) Facility

Existing Facility Activity Type Approval

- 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

Edit

Details of Biological Agent

Schedule

First Schedule Part I

Name of Biological Agent

AKABANE VIRUS

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

11

Method or system used for large scale production

test

Mode of Procurement

Already in possession

Details of Source Facility

Facility Name

CHCF | BSL-3

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

Supporting Documents ✓

Edit

Approval/Endorsement: Biosafety Committee

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

Risk Assessment and Management

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

Standard Operating Procedures (including Emergency Response Plan)

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

GMAC Endorsement

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

Others

[Facility-Administrative-Oversight-Plan-Placeholder-Input.docx\(13.0KB\)](#) Facility: Application Letter

Page 47 of 167

23. Enter Remarks, if applicable.

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

24. Mark the **checkboxes** for the **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.

25. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

<div>SAVE AS DRAFT</div> <div>SUBMIT</div>
--

26. 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				
<h1>Application for Approval</h1>					
<p>Your submission is successful.</p> <p>Approval to Large Scale Produce:</p> <p>- AKABANE VIRUS</p> <p>We will notify you of the status of the application or if additional information is required.</p> <table><tr><td>Application Number</td><td>Date & Time</td></tr><tr><td>A240417LSP001</td><td>17/04/2024 15:17:09</td></tr></table> <div><div>PRINT</div><div>HOME</div></div>		Application Number	Date & Time	A240417LSP001	17/04/2024 15:17:09
Application Number	Date & Time				
A240417LSP001	17/04/2024 15:17:09				

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

Dashboard
eServices
John

New Messages 258
Application Drafts 0
Active Facilities 5
Active Approvals 8

Inbox (258)
Applications
Facilities
Approvals
Certifications/Inspections/Audits
Data Submissions
Reportable Events

Message Type: Please Select
Submission Type: Please Select
Search your keywords

Date From: dd/mm/yyyy
Date To: dd/mm/yyyy

1-10 out of 261 items
10

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703LSP001	Notification – System generated email notification	High Containment - Certified Facility	N240703LSP001	New Approval to Large-scale Produce	03/07/2024 15:40:12
☐	MOH Biosafety - [Notification]: Approval of Application/Submission - A240703FAT001	Notification – System generated email notification	High Containment - Certified Facility	N240703FAT003	New Approval for Facility Activity Type	03/07/2024 15:17:33
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703POS001	Notification – System generated email notification	High Containment - Certified Facility	N240703POS001	New Approval to Possess	03/07/2024 15:13:36
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703FAT001	Notification – System generated email notification	High Containment - Certified Facility	N240703FAT001	New Approval for Facility Activity Type	03/07/2024 14:07:14
☐	MOH Biosafety – [Notification]: Approval of Renewal Application - R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF008	Renewal of Facility Registration	03/07/2024 13:32:17
☐	MOH Biosafety – [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF006	Renewal of Facility Registration	03/07/2024 13:24:06
☐	MOH Biosafety – [Notification]: Rejection of Facility Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF004	Renewal of Facility Registration	03/07/2024 11:56:40
☐	MOH Biosafety – [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF002	Renewal of Facility Registration	03/07/2024 11:53:05
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240628BMF001	Action Required	28/6 ST BMF	N240703RTR013	Renewal of Facility Registration	03/07/2024 02:00:16
☐	MOH Biosafety – [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240624HCF001	Action Required	High Containment - Certified Facility	N240703RTR010	Renewal of Facility Registration	03/07/2024 02:00:15

ARCHIVE
ACCESS ARCHIVE

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Dashboard eServices John

New Messages **525** Application Drafts **0** Active Facilities **20** Active Approvals **53**

Last Login: Last Activity: N/A, On

Inbox (525) **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

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A240417LSP001	CHCF BSL-3	New	Approval to Large Scale Produce	Pending MOH	17/04/2024 15:17:09	Select

1.4. Apply for Special Approval to Handle

To apply for Special Approval to Handle, the statuses of both the Facility and the pre-requisite Approval for Facility Activity Type “Possession of First and/or Second Schedule Biological Agent” must be “Active”.

1. Select **Special Approval to Handle** and click **NEXT**.

Dashboard eServices ▾

Application for Approval

Please select the type of approval

☐ Approval for Facility Activity Type

☐ Approval to Possess

☐ Approval to Large Scale Produce

☒ Special Approval to Handle

[< Back](#)

NEXT

2. The system will redirect to the Application for Special Approval to Handle page with the **Company Info** displayed. Verify that the information is correct. Click **START APPLICATION** to proceed.

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

Application for Approval

You are applying for **Special Approval to Handle**

Company Info

UEN Number:	423416813Z
Company Name:	John
Block:	10
Street Name:	Pasir Panjang Road
Floor and Unit No.:	10 - 01
Postal Code:	117438

Before You Begin

- This form will take approximately 5 minutes to complete. You may save your progress at any time and resume your application later.

[< Back](#)

START APPLICATION

3. The system will redirect to the **Application Information** page. Verify that the **Facility Profile** is correct and click **NEXT**. Click **SAVE AS DRAFT** at any point to save progress (refer to *MOH HALP Internet - Facility User Guide Part 2.1 Section 2* for the steps to retrieve a saved draft and resume working it).

Application for Approval

You are applying for **Special Approval to Handle**

1
Application Information

2
Supporting Documents

3
Preview and Submit

● Facility Profile

○ Details of Biological Agent

○ Authorised Personnel

Facility Profile

Facility Name:	CHCF BSL-3
Facility Classification:	Certified High Containment (BSL-3) Facility
Existing Facility Activity Type Approval:	<ul style="list-style-type: none">• 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

[< Back](#)

SAVE AS DRAFT

NEXT

4. Fill in the **mandatory** fields.

Dashboard

eServices

John

Application for Approval

You are applying for **Special Approval to Handle**

1Application Information

2Supporting Documents

3Preview and Submit

Facility Profile

Details of Biological Agent

Authorised Personnel

Details of Biological Agent

Schedule *

Second Schedule

Name of Biological Agent *

Please Select

Name of Project *

Name of Principal Investigator *

Work Activity

Intended Work Activity *

Start Date *

dd/mm/yyyy

End Date *

dd/mm/yyyy

Remarks *

+ Add Another Work Activity

< Back

SAVE AS DRAFT

NEXT

Page 54 of 167

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

Name of Biological Agent *	Please Select
Name of Project *	Please Select
Name of Principal Investigator *	1918 PANDEMIC INFLUENZA VIRUS
Work Activity ⓘ	CERCOPITHECINE HERPESVIRUS 1/ HERPESVIRUS SIMIAE (B VIRUS)
	CHAPARE VIRUS
	CRIMEAN-CONGO HAEMORRHAGIC FEVER VIRUS
	EBOLA VIRUS
	GUANARITO VIRUS

6. Enter the **Name of Project**.

Name of Project *	
-------------------	--

7. Enter the **Name of Principal Investigator**.

Name of Principal Investigator *	
----------------------------------	--

8. Enter details of the **Intended Work Activity**.

Intended Work Activity *	
--------------------------	--

9. Select the estimated **Start Date** and **End Date** for the work activity.

Start Date *	dd/mm/yyyy
End Date *	dd/mm/yyyy

10. Enter **Remarks**.

Remarks *	
-----------	--

11. Click **+ Add Another Work Activity** if there is more than one work activity involving the biological agent.

+ Add Another Work Activity

12. **Repeat** step 8 to step 10 for each additional work activity.

Work Activity 2 

Intended Work Activity *

Start Date *

dd/mm/yyyy

End Date *

dd/mm/yyyy

Remarks *

[+ Add Another Work Activity](#)



13. Click **X** to remove the fields related to the additional work activity, if applicable.

Work Activity 2 



14. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

SAVE AS DRAFT

NEXT

15. The system will redirect to the **Authorised Personnel** section.

*Note: The list of **Personnel Authorised to Access the Facility** will be displayed.*

Application for Approval

You are applying for **Special Approval to Handle**

1
Application Information

2
Supporting Documents

3
Preview and Submit

Facility Profile

Details of Biological Agent

Authorised Personnel

Authorised Personnel ⁱ

S/N	Name	ID Number	Is this person an employee of this Company	Company Name	Work involving Second Schedule Biological Agent ⁱ	Performing for Second Schedule Biological Agent
1	Jim	S9216957Z	Yes		<div></div>	☐

[< Back](#)

SAVE AS DRAFT

NEXT

16. From the list of **Personnel Authorised to Access the Facility** displayed, mark the **checkbox** to identify the **person(s)** who will be carrying out the **Work Involving the Second Schedule biological agent**. Enter the details related to the **Work Involving Second Schedule Biological Agent** that the person will be performing.

Authorised Personnel ⁱ

S/N	Name	ID Number	Is this person an employee of this Company	Company Name	Work involving Second Schedule Biological Agent ⁱ	Performing for Second Schedule Biological Agent
1	Jim	S9216957Z	Yes		<div></div>	☐

17. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

SAVE AS DRAFT

NEXT

18. **Upload** all the **highlighted mandatory** documents under **Supporting Documents**.
Note: Multiple documents can be uploaded in each section.

Application for Approval

You are applying for **Special Approval to Handle**

1

2

3

Application Information

Supporting Documents

Preview and Submit

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

Supporting Documents

Approval/Endorsement: Biosafety Committee *

UPLOAD

Risk Assessment and Management *

UPLOAD

Approval Document from MOH *

UPLOAD

Standard Operating Procedures (including Emergency Response Plan) *

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

[< Previous](#)

SAVE AS DRAFT

PREVIEW

19. Click **UPLOAD** and select the document for upload.

Supporting Documents

Approval/Endorsement: Biosafety Committee *

UPLOAD

Risk Assessment and Management *

UPLOAD

Approval Document from MOH *

UPLOAD

Standard Operating Procedures (including Emergency Response Plan) *

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

[< Previous](#)

SAVE AS DRAFT

PREVIEW

20. For documents uploaded under **Others** section, **select** the **Document Type** for each uploaded documents. Click **DELETE** to remove an existing document. Click **UPLOAD** to upload another document. Click the file name **hyperlink** to download the document.

Application for Approval

You are applying for **Special Approval to Handle**

1

2

3

Application Information

Supporting Documents

Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee *

Form A.png(6.7KB)

UPLOAD

Risk Assessment and Management *

Form B.png(6.7KB)

UPLOAD

Approval Document from MOH *

Form C.png(6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plan) *

Form D.png(6.7KB)

UPLOAD

GMAC Endorsement

Form E.png(6.7KB)

UPLOAD

Others

Form E.png(6.7KB)

Select Document Type

UPLOAD

Please Select

Please Select

Facility: Application Letter

Facility: Biosafety and Biosecurity Manual

Facility: Declaration by Facility Operator

Facility: Other Declarations

Facility: Other Supporting Documents

< Back

SAVE AS DRAFT

PREVIEW

Contact Us | Feedback | Share your views @ Reach

21. Click **PREVIEW** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

Application for Approval

You are applying for **Special Approval to Handle**

1

2

3

Application Information

Supporting Documents

Preview and Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Approval/Endorsement: Biosafety Committee *

Form A.png(6.7KB)

UPLOAD

Risk Assessment and Management *

Form B.png(6.7KB)

UPLOAD

Approval Document from MOH *

Form C.png(6.7KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plan) *

Form D.png(6.7KB)

UPLOAD

GMAC Endorsement

Form E.png(6.7KB)

UPLOAD

Others

Form E.png(6.7KB) Select Document Type: Facility: Application Letter

UPLOAD

[< Back](#)

SAVE AS DRAFT

PREVIEW

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

Dashboard

eServices

John

Application for Approval

You are applying for **Special Approval to Handle**

1

2

3

Application Information

Supporting Documents

Preview and Submit

Print

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

23. Click on **Application Information** and **Supporting Documents** to expand the sections and verify the relevant information. To collapse the section, click on **Application Information** and **Supporting Documents** again.

*Note: Click **Edit** to return to the relevant section to make changes.*

Application for Approval

You are applying for **Special Approval to Handle**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

Print

Application Information ✓

Facility Profile

Facility Name

CHCF | BSL-3

Facility Classification:

Certified High Containment (BSL-3) Facility

Existing Facility Activity Type Approval

- 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

Details of Biological Agent

Schedule

Second Schedule

Name of Biological Agent

1918 PANDEMIC INFLUENZA VIRUS

Name of Project

test

Name of Principal Investigator

test

Work Activity 1

Intended Work Activity:

test

Start Date:

18/04/2024

End Date:

19/04/2024

Remarks:

blabla

Authorised Personnel 1

Name:

Jim

ID Number:

S9216957Z

Nationality:

SINGAPORE CITIZEN

Designation:

Coordinator

Contact No.:

88888888

Email address:

jim@gmail.com

Employment Start Date:

10/03/2024

Security Clearance Date:

10/03/2024

Area of Work:

Biosafety Coordinator

Work involving Second Schedule Biological Agent:

...

Edit

Supporting Documents ✓

Approval/Endorsement: Biosafety Committee

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

Risk Assessment and Management

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

Approval Document from MOH

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

Standard Operating Procedures (including Emergency Response Plan)

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

GMAC Endorsement

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

Others

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

Edit

24. Enter Remarks, if applicable.

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

25. 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.
--------------------------	--

26. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

<div>SAVE AS DRAFT</div>	<div>SUBMIT</div>
--------------------------	-------------------

27. 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**.

Application for Approval

Your submission is successful.

Special Approval to Handle:

- 1918 PANDEMIC INFLUENZA VIRUS

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

Application Number	Date & Time
A240417SPE001	17/04/2024 15:51:53

PRINT

HOME

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

Dashboard
eServices
John

New Messages 259
Application Drafts 0
Active Facilities 5
Active Approvals 8

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

Inbox (259)
Applications
Facilities
Approvals
Certifications/Inspections/Audits
Data Submissions
Reportable Events

Message Type: Please Select
Submission Type: Please Select
Search your keywords

Date From: dd/mm/yyyy
Date To: dd/mm/yyyy

1-10 out of 262 items
10

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703SPE001	Notification – System generated email notification	High Containment - Certified Facility	N240703SPE001	New Special Approval to Handle	03/07/2024 16:06:46
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703LSP001	Notification – System generated email notification	High Containment - Certified Facility	N240703LSP001	New Approval to Large-scale Produce	03/07/2024 15:40:12
☐	MOH Biosafety - [Notification]: Approval of Application/Submission - A240703FAT001	Notification – System generated email notification	High Containment - Certified Facility	N240703FAT003	New Approval for Facility Activity Type	03/07/2024 15:17:33
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703POS001	Notification – System generated email notification	High Containment - Certified Facility	N240703POS001	New Approval to Possess	03/07/2024 15:13:36
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission - A240703FAT001	Notification – System generated email notification	High Containment - Certified Facility	N240703FAT001	New Approval for Facility Activity Type	03/07/2024 14:07:14
☐	MOH Biosafety - [Notification]: Approval of Renewal Application - R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF008	Renewal of Facility Registration	03/07/2024 13:32:17
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF004	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF006	Renewal of Facility Registration	03/07/2024 13:24:06
☐	MOH Biosafety - [Notification]: Rejection of Facility Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF004	Renewal of Facility Registration	03/07/2024 11:56:40
☐	MOH Biosafety - [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF003	Notification – System generated email notification	High Containment - Certified Facility	N240703HCF002	Renewal of Facility Registration	03/07/2024 11:53:05
☐	MOH Biosafety - [For Action]: Submit Application for Renewal or Deregistration of Facility LFA240628BMF001	Action Required	28/6 ST BMF	N240703RTR013	Renewal of Facility Registration	03/07/2024 02:00:16

ARCHIVE
ACCESS ARCHIVE

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Dashboard

eServices

John

New Messages526

Application Drafts0

Active Facilities20

Active Approvals53

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

Inbox (526)

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

A240417SPE001

CHCF | BSL-3

New

Special Approval to Handle

Pending MOH

17/04/2024 15:51:53

Select

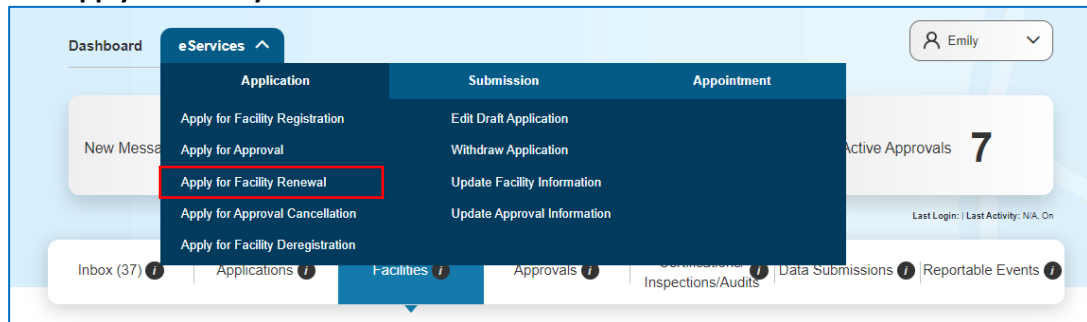
2. APPLY FOR RENEWAL OF FACILITY REGISTRATION

This section describes the steps to apply for the renewal of facility registration.

Note:

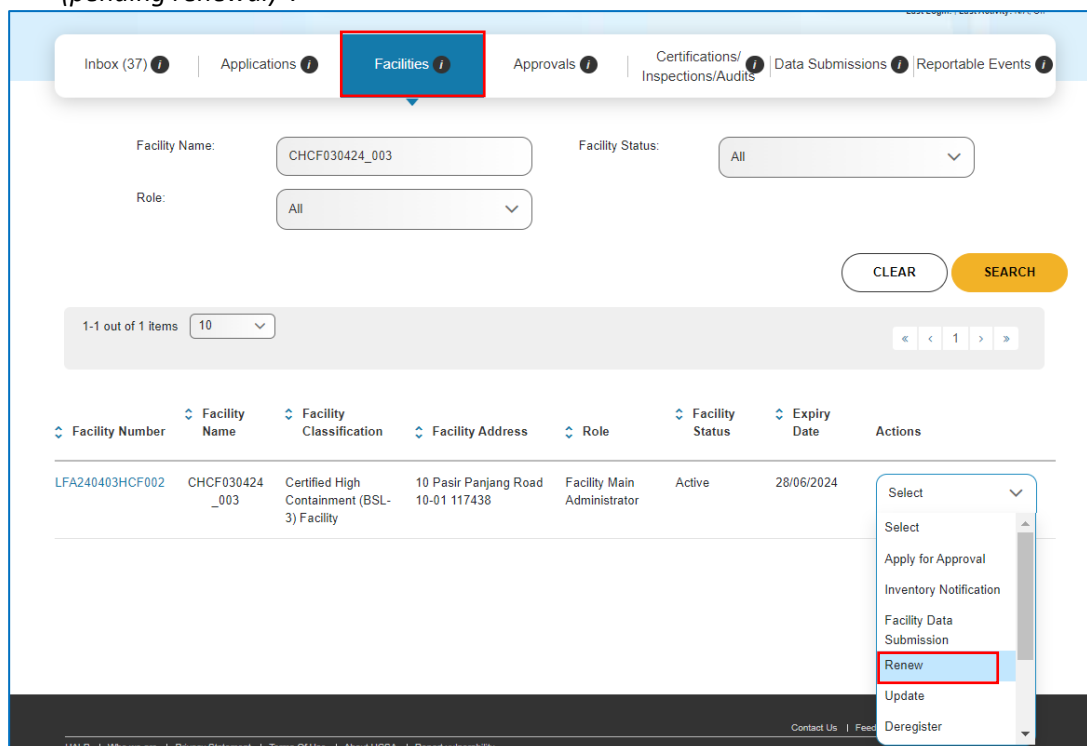
- a. The application for renewal can be submitted up to 3 months before the facility expiry date.
- b. Upon expiry, the status of the facility will reflect “Suspended (pending renewal)” if the facility is eligible for renewal.

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



2. The system will redirect to the **Facilities** tab. Click the **Actions** dropdown for the intended facility and click **Renew**.

*Note: **Renew** is only available when the facility status is “Active” or “Suspended (pending renewal)”.*



3. The system will redirect to the **Renewal of Facility Registration** page. Click **START APPLICATION**.

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

You are submitting an application to renew the following facility:

Active Facility Number	Facility Name	Facility Classification	Facility Address	Valid From	Valid Until
LFA240403HCF002	CHCF030424_003	Certified High Containment (BSL-3) Facility	10 Pasir Panjang Road 10-01 117438	03/04/2024	28/06/2024

START APPLICATION

2.1. Company Information

1. Verify that the **Company information** displayed are correct and click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

Dashboard eServices

Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

1 Company Information

2 Facility Information

3 Other Application Information

4 Supporting Documents

5 Approved Facility Certifier

6 Preview & Submit

Company Profile

UEN	52867932E
Company Name	TTe
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 DRAFTNEXT

2.2. Facility Information

2.2.1. Facility Profile

1. Click **EDIT** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

Dashboard

eServices

Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

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

Edit

Facility Name *

CHCF030424_003

Type of Facility *

Academic

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

☒ Yes

☐ No

Postal Code *

117438

Address Type *

Apt Bldg

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? *

☒ 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 *

Form1 - 1.pdf(70.7KB)

DELETE

UPLOAD

[< Back](#)

SAVE AS DRAFT

NEXT

2.2.2. Facility Operator Profile

1. Click **EDIT** to enable editing of data field and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working it*).

[Dashboard](#) [eServices](#) Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

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

[Edit](#)

Facility Operator Profile

Designation of Facility Operator *

FOP

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 *

Dr

Name *

FOP

ID No *

NRIC

S0002423F

Nationality *

SINGAPORE CITIZEN

Designation *

sdf

Contact No. *

99999999

Email *

dedicateddummy77@gmail.com

Employment Start Date *

03/04/2024

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

2.2.3. Facility Administrator/Officer

1. Click **EDIT** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Note: For the replacement of the current Facility Administrator (or current Alternate Administrator) with a new Facility Administrator (or new Alternate Administrator), the following conditions must be met:

- a. *The new Facility Administrator (or new Alternate Administrator) has a valid HALP **User Account** with the correct **Role** assigned by the **Master Admin** (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.1 for more information).*
- b. *The **Master Admin** has indicated the **Effective End Date** for the **Facility Assignment** of the current Facility Administrator (or current Alternate Administrator) (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.4 for more information).*
- c. *The **Effective Start Date** indicated in the renewal application for the new Facility Administrator (or new Alternate Administrator) is after the **Effective End Date** of the current Facility Administrator (or current Alternate Administrator) (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.5 for more information).*
- d. *“New” refers to incoming, “Current” refers to outgoing.*

Refer to MOH HALP Internet – Facility User Guided Part 2.1 Section 1.1.2.3 for more information related changes to Facility Officer.

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Facility ProfileFacility OperatorFacility Administrator/OfficerBiosafety CommitteeAuthorised Personnel

Facility Administrator

Edit

Salutation *Dr

Name *FA

ID No *NRICS5167634C

Nationality *SINGAPORE CITIZEN

Designation *zsd

Contact No. *99999999

Email *dedicateddummy77@gmail.com

Employment Start Date *03/04/2024

Effective Start Date *03/04/2024

Alternate Administrator

Salutation *Mdm

Name *AA

ID No *NRICS6946774A

Nationality *SINGAPORE CITIZEN

Designation *sdf

Contact No. *99999999

Email *dedicateddummy77@gmail.com

Employment Start Date *03/04/2024

Effective Start Date *03/04/2024

Facility Officer

+ Add Facility Officer

< Back

SAVE AS DRAFT

NEXT

2.2.4. Biosafety Committee

1. Click **EDIT** to enable the upload and delete functions to update the list of **Biosafety Committee Members**. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

*Note: It is **mandatory** to upload the list of **Biosafety Committee Members** using the template provided.*

The screenshot shows the 'Renewal of Facility Registration' dashboard. At the top, there's a navigation bar with 'Dashboard' and 'eServices' menus, and a user profile 'Emily'. The main heading is 'Renewal of Facility Registration', with a subtext 'You are applying to Renew the Registration for Facility No. LFA240403HCF002'. Below this is a progress bar with six steps: 1. Company Information (green check), 2. Facility Information (blue active), 3. Other Application Information (red exclamation mark), 4. Supporting Documents (green check), 5. Approved Facility Certifier (green check), and 6. Preview & Submit (red exclamation mark). Under the progress bar, a timeline shows 'Facility Profile', 'Facility Operator', 'Facility Administrator/Officer', 'Biosafety Committee', and 'Authorised Personnel'. The 'Biosafety Committee' step is highlighted. Below the timeline, a section titled 'Please upload the list of Biosafety Committee Members' contains instructions and a list of rules. A file upload area shows 'Biosafety Committee.xlsx (23.5KB)' with an 'UPLOAD' button. A 'Click here to expand all information' link is also present. At the bottom, there are 'Back', 'SAVE AS DRAFT', and 'NEXT' buttons. Red boxes highlight the 'Edit' button, the 'here' link, the file name, and the 'NEXT' button.

Dashboard eServices ▼ Emily ▼

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

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 [Edit](#)

- 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 (5 records uploaded)

[Biosafety Committee.xlsx \(23.5KB\)](#) [DELETE](#)

[UPLOAD](#)

Click [here](#) to expand all information

[Back](#) [SAVE AS DRAFT](#) [NEXT](#)

2. Click **here** hyperlink to download a blank template or click the **file name** hyperlink to download the existing Biosafety Committee Members list. Click **UPLOAD** and select the completed template.

This is a close-up of the 'Please upload the list of Biosafety Committee Members' section. It includes the same instructions and rules as the previous screenshot. The file upload area shows 'Biosafety Committee.xlsx (23.5KB)' with an 'UPLOAD' button. A red box highlights the 'here' link, the file name, and the 'UPLOAD' button.

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 (5 records uploaded)

[Biosafety Committee.xlsx \(23.5KB\)](#) [DELETE](#)

[UPLOAD](#)

Table 1: Steps for completing the template for Biosafety Committee Members.

Note: All fields are mandatory unless otherwise indicated.

Column Header	Description
BC_SALUTATION	Select the Salutation for the Biosafety Committee member
BC_NAME	Enter the Name of the Biosafety Committee member
BC_ID_TYPE	Select the ID Type of the Biosafety Committee member
BC_ID_NUMBER	Enter the ID Number of the Biosafety Committee member
BC_NATIONALITY	Select the Nationality of the Biosafety Committee member
BC_CONTACT_NO	Enter the Contact Number of the Biosafety Committee member. <i>Note: Contact No. must be a valid local contact mobile number starting with 8 or 9</i>
BC_EMAIL	Enter the Email of the Biosafety Committee member
BC_EMPLOYMENT_START_DATE	Enter the Employment Start Date of the Biosafety Committee member. <i>Note: Date when Biosafety Committee was employed at the company.</i>
BC_DESIGNATION	Enter the Designation of the Biosafety Committee member
BC_AREA_OF_WORK	Enter the details of the area of work of the Biosafety Committee member
BC_ROLE_UNDER_SIXTH_SCHEDULE	Select the Role of the Biosafety Committee member as specified under the Sixth Schedule of the Biological Agents and Toxins Act <i>Note: Each Biosafety Committee member can only hold one Role</i>
BC_IS_PERSON_EMPLOYEE	Select whether the Biosafety Committee member is an employee of the company
BC_COMPANY_NAME	<i>[Required if the Biosafety Committee Member is not an Employee of the Company]</i> Enter the Company Name of the Biosafety Committee member

2.2.5. Authorised Personnel

1. Click **EDIT** to enable the upload and delete functions to update the list of **Personnel Authorised to Access the Facility**. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Note: It is **mandatory** to upload the list of **Personnel Authorised to Access the Facility** using the template provided.

The screenshot shows a web dashboard titled 'Renewal of Facility Registration'. At the top, there's a navigation bar with 'Dashboard' and 'eServices' menus, and a user profile for 'Emily'. Below the title, a subtitle reads 'You are applying to Renew the Registration for Facility No. LFA240403HCF002'. A progress bar with six steps is shown: 1. Company Information (green check), 2. Facility Information (blue active), 3. Other Application Information (red exclamation mark), 4. Supporting Documents (green check), 5. Approved Facility Certifier (green check), and 6. Preview & Submit (red exclamation mark). Below the progress bar, a timeline shows 'Facility Profile', 'Facility Operator', 'Facility Administrator/Officer', 'Biosafety Committee', and 'Authorised Personnel'. The main content area is titled 'Please upload the list of Personnel Authorised to Access the Facility' with an 'Edit' button. A note states: '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.' Below the note are four bullet points: '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.', and 'Please ensure that the first character in a cell is not a special character E.g. @, =, -, +, &.' A box titled 'List of Personnel Authorised to Access the Facility (2 records uploaded)' contains a file 'Authorised Personnel.xlsx (23.2KB)' with a 'DELETE' button and an 'UPLOAD' button. Below this box is a link 'Click [here](#) to expand all information'. At the bottom, there are buttons for '< Back', 'SAVE AS DRAFT', and 'NEXT'.

2. Click the **here** hyperlink to download a blank template or click the file name hyperlink to download the existing list. Click **UPLOAD** and select the completed template, if applicable.

This is a close-up of the 'List of Personnel Authorised to Access the Facility' section from the previous screenshot. It shows the same note and bullet points. The file 'Authorised Personnel.xlsx (23.2KB)' is highlighted with a red box, along with the 'DELETE' button. The 'UPLOAD' button is also visible.

Table 2: Steps for completing the template for the List of Personnel Authorised to Access the Facility.

Note: All fields are mandatory unless otherwise indicated.

Column Header	Description
AUTHORISED_PERSONNEL_SALUTATION	Select the Salutation for the authorised person
AUTHORISED_PERSONNEL_NAME	Enter the Name of the authorised person
AUTHORISED_PERSONNEL_ID_TYPE	Select the ID Type of the authorised person
AUTHORISED_PERSONNEL_ID_NUMBER	Enter the ID Number of the authorised person
AUTHORISED_PERSONNEL_NATIONALITY	Select the Nationality of the authorised person
AUTHORISED_PERSONNEL_CONTACT_NO	Enter the Contact Number of the authorised person <i>Note: Contact No. must be a valid local contact mobile number starting with 8 or 9</i>
AUTHORISED_PERSONNEL_EMAIL	Enter the Email of the authorised person
AUTHORISED_PERSONNEL_EMPLOYMENT_START_DATE	Enter the Employment Start Date of the authorised person
AUTHORISED_PERSONNEL_SECURITY_CLEARANCE_DATE	Enter the Security Clearance Date of the authorised person <i>Note: Applicable for facility that is a Protected Place</i>
AUTHORISED_PERSONNEL_DESIGNATION	Enter the Designation of the authorised person
AUTHORISED_PERSONNEL_AREA_OF_WORK	Enter the details of the area of work of the authorised person
AUTHORISED_PERSONNEL_IS_PERSON_EMPLOYEE	Select whether the authorised person is an employee of the company
AUTHORISED_PERSONNEL_COMPANY NAME	<i>[Required if the Authorised Person is not an employee of the company]</i> Enter the Company Name of the authorised person

2.3. Biological Agents and Toxins

*Note: This section is only displayed for **Uncertified Facility (UCF) & Biomanufacturing Facility (BMF)**. Refer to [MOH HALP Internet - Facility User Guide Part 2.2 Section 4.2](#) for the steps to update information related to the biological agents and toxins, which is applicable to Certified Facilities, Uncertified Facilities and Biomanufacturing Facilities, and can be submitted outside of the renewal window.*

1. Click **EDIT** to enable editing of data fields and make changes where necessary.

Possession of First Schedule Biological Agent

Schedule *

First Schedule Part I

Name of Biological Agent *

AKABANE VIRUS

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

Edit

2. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Details of Transferring Facility:

Facility Name *

kii

Postal Code *

999999

Retrieve your address

Address Type *

Apt Bldg

Block / House No. *

asdf

Floor No. *

12

Unit No. *

12

Street Name

asdf

Building Name

adf

Details of Contact Person from Transferring Facility:

Name *

adf

Email address *

dedicateddummy7@gmail.com

Contact No. *

99999999

Expected Date of Transfer *

13/04/2024

Name of Courier Service Provider *

asdf

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

Remarks *

adf

< Back

SAVE AS DRAFT

NEXT

2.4. Other Application Information

1. **Select** input for all highlighted **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.

Dashboard

eServices

Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

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.

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

3. The risk assessments for the work involving the biological agent and/or toxin have been conducted/approved/endorsed by the Biosafety Committee.

4. The intended work involving the biological agent and/or toxin have been reviewed and approved by the Biosafety Committee.

5. 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.

6. The facility 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

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

Back

SAVE AS DRAFT

NEXT

2.5. Supporting Documents

1. Click **EDIT** to enable the upload and delete functions and make changes where necessary. Click the **file name hyperlink** to download the document.

*Note: **Mandatory** documents must be provided to proceed. Multiple documents can be uploaded in each section.*

[Dashboard](#) [eServices](#) Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

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

Form1 - 1.pdf(70.7KB)

DELETE

UPLOAD

Form1 - 2.pdf(70.7KB)

DELETE

UPLOAD

Form1 - 2.pdf(70.7KB)

DELETE

UPLOAD

Form1.pdf(70.7KB)

DELETE

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

Form2.pdf(70.7KB) Approval Document from MOH

DELETE

UPLOAD

2. Click **UPLOAD** and select the desired document to upload. Click **DELETE** to remove an existing document. For documents uploaded under **Others** section, select the **Document Type** for each uploaded document.

Renewal of Facility Registration

You are applying to **Renew the Registration** for Facility No. LFA240624HCF001

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: XLSX, JPG, JPEG, PDF, PNG, DOC, DOCX, CSV, XLS.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Facility Administrative Oversight Plan *

Form A.png(6.7KB)

UPLOAD

Facility Layout and ACMV Schematics *

Form B.png(6.7KB)

UPLOAD

Biosafety Coordinator's Certificates *

Form C.png(6.7KB)

UPLOAD

Facility Biosafety and Biosecurity Manual *

Form D.png(6.7KB)

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

Form G.png(6.7KB) Select Document Type:

Please Select

Please Select

Approval Document from MOH

Approval Document from Other Authority

Approval/Endorsement: Biosafety Committee

Audit: Action Plan/Response

Audit: Emergency Response Drill Report

UPLOAD

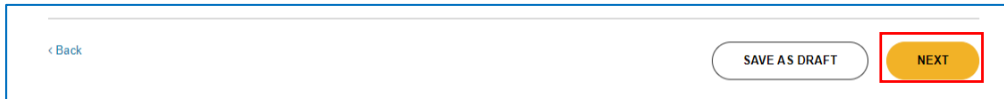
[< Back](#)

SAVE AS DRAFT

NEXT

Contact Us | Feedback | Share your views @ Reach

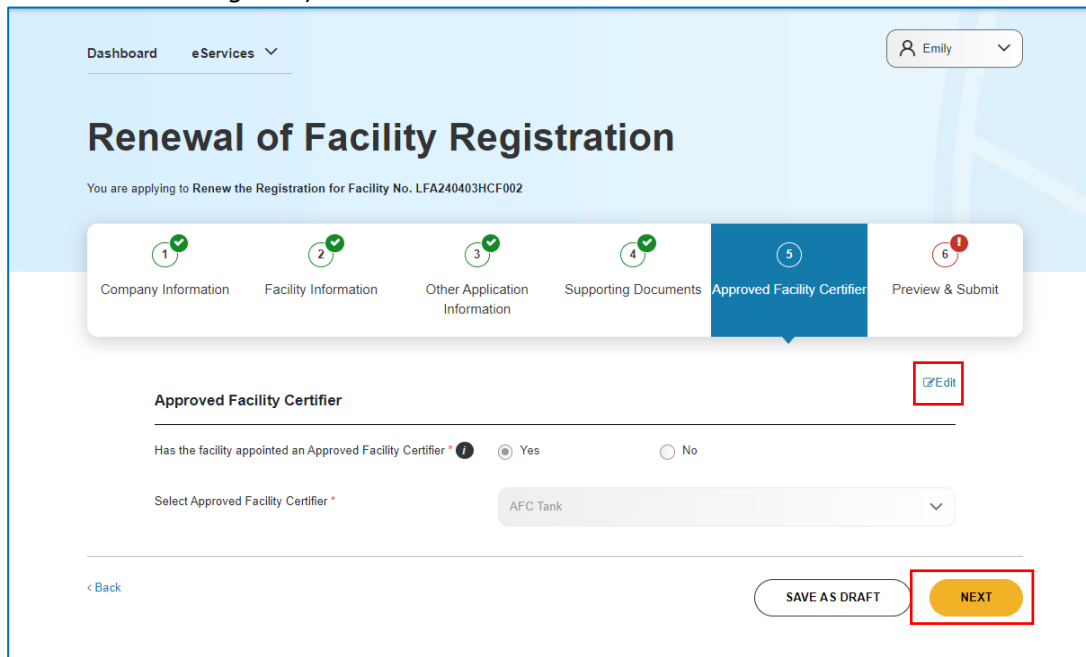
3. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.



A horizontal bar containing a '< Back' link on the left and two buttons on the right: 'SAVE AS DRAFT' and 'NEXT'. The 'NEXT' button is highlighted with a red border.

2.6. Approved Facility Certifier

1. Click **EDIT** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working on it*).



The screenshot shows the 'Renewal of Facility Registration' interface. At the top, there's a navigation bar with 'Dashboard' and 'eServices'. A user profile 'Emily' is logged in. The main heading is 'Renewal of Facility Registration', followed by the text 'You are applying to Renew the Registration for Facility No. LFA240403HCF002'. 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 'Approved Facility Certifier' section contains a question: 'Has the facility appointed an Approved Facility Certifier *'. There are two radio buttons: 'Yes' (selected) and 'No'. Below this is a dropdown menu labeled 'Select Approved Facility Certifier *' with 'AFC Tank' selected. At the bottom, there are three buttons: '< Back', 'SAVE AS DRAFT', and 'NEXT'. The 'NEXT' button is highlighted with a red border. An 'Edit' button is also visible in the top right corner of the section.

2.7. Preview & Submit

1. In the **Preview and Submit** page, review the information that was provided in the application. Click the **TITLE HEADER** or **arrow** to expand the respective section and verify the relevant information. To collapse the section, click the **TITLE HEADER** or **arrow** again.

Dashboard

eServices

Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

1 Company Information

2 Facility Information

3 Other Application Information

4 Supporting Documents

5 Approved Facility Certifier

6 Preview & Submit

Please review your facility information and click edit to make the necessary changes before renewal.

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 **PRINT** to print a copy of the information. Enter **Remarks**, if applicable.

[Dashboard](#) [eServices](#) Emily

Renewal of Facility Registration

You are applying to Renew the Registration for Facility No. LFA240403HCF002

1

2

3

4

5

6

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

Please review your facility information and click edit to make the necessary changes before renewal.

Print

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

3. Mark the **checkbox** for the **declaration**. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

☒ 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](#)

4. 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](#) Emily

Renewal of Facility Registration

Your submission is successful.

Application to renew the registration for (Facility No. LFA240403HCF002)

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

Application Number	Date & Time
R240417HCF001	17/04/2024 14:49:39

[PRINT](#) [HOME](#)

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

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

New Messages **269**

Application Drafts **0**

Active Facilities **6**

Active Approvals **11**

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

[Inbox \(269\)](#) [Applications](#) [Facilities](#) [Approvals](#) [Certifications/Inspections/Audits](#) [Data Submissions](#) [Reportable Events](#)

Message Type: Please Select

Submission Type: Please Select

Search your keywords

Date From: dd/mm/yyyy

Date To: dd/mm/yyyy

1-10 out of 272 items 10

☐

Subject

☐

Message Type

☐

Facility Name

☐

Reference Number

☐

Submission Type

☐

Date of Notification

☐	MOH Biosafety - [Notification]: Acknowledgement of Submission of Renewal Application R240703HCF005	Notification - System generated email notification	High Containment - Certified Facility	N240703HCF012	Renewal of Facility Registration	03/07/2024 16:37:48
☐	MOH Biosafety - [Notification]: Withdrawal of Submission - A240703LSP001	Notification - System generated email notification	High Containment - Certified Facility	N240703LSP003	New Approval to Large-scale Produce	03/07/2024 16:19:38
☐	MOH Biosafety - [Notification]: Withdrawal of Submission - A240703SPE001	Notification - System generated email notification	High Containment - Certified Facility	N240703SPE003	New Special Approval to Handle	03/07/2024 16:19:29
☐	MOH Biosafety - [Notification]: Withdrawal of Submission - A240703POS001	Notification - System generated email notification	High Containment - Certified Facility	N240703POS003	New Approval to Possess	03/07/2024 16:19:18

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Dashboard

eServices

FA

New Messages77

Application Drafts0

Active Facilities11

Active Approvals12

Last Login: Last Activity: N/A, On

Inbox (77)

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

1-3 out of 3 items10

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

R240425UCF004

UCFsmk01_0204

Renewal

Facility Registration

Pending MOH

25/04/2024 16:59:42

Select

R240425UCF003

UCFsmk_12042024

Renewal

Facility Registration

Pending MOH

25/04/2024 16:58:28

Select

R240417HCF001

CHCF030424_003

Renewal

Facility Registration

Approved

17/04/2024 14:49:39

N/A

3. APPLY FOR DEFERMENT OF RENEWAL

This section describes the steps to apply for the deferment of renewal of the facility registration.

Note:

- a. The application for deferment of renewal can be submitted up to 3 months before the facility expiry date.
- b. Upon expiry, the status of the facility will reflect “Suspended (pending renewal)” even if deferment of renewal has been submitted.

1. From the Dashboard, click the **Facilities** tab. Click the Actions dropdown for the intended facility and click **Defer Renewal**.

The screenshot displays a web application interface for facility management. At the top, there's a navigation bar with 'Dashboard', 'eServices', and 'Company Details'. Below this, a summary section shows four key metrics: 'New Messages' (2), 'Application Drafts' (0), 'Active Facilities' (1), and 'Active Approvals' (4). A user profile for 'Emily' is visible in the top right corner.

The main content area features a horizontal menu with tabs: 'Inbox (2)', 'Applications', 'Facilities' (selected), 'Approvals', 'Certifications/Inspections/Audits', 'Data Submissions', and 'Reportable Events'. Below the tabs, there are search filters for 'Facility Name', 'Facility Status' (set to 'Active'), and 'Role' (set to 'All'). A 'CLEAR' button and a 'SEARCH' button are positioned to the right of these filters.

A table below the filters shows a list of facilities. The first row is highlighted, and its 'Actions' column dropdown menu is open, showing options: 'Select', 'Submission', 'Renew', 'Update', 'Deregister', 'Defer Renewal' (highlighted with a red box), 'Download Approval Letters', 'Submit Incident', and 'Notification'. The table columns are: Facility Number, Facility Name, Facility Classification, Facility Address, Role, Facility Status, Expiry Date, and Actions.

Facility Number	Facility Name	Facility Classification	Facility Address	Role	Facility Status	Expiry Date	Actions
LFA241118HCF001	CHCF Comp123	Certified High Containment (BSL-3) Facility	10 Pasir Panjang Road 10-01 117438	Facility Main Administrator	Active	30/11/2024	<div>Select Submission Renew Update Deregister Defer Renewal Download Approval Letters Submit Incident Notification</div>

At the bottom of the page, there's a footer with links: 'HAI P', 'Who we are', 'Privacy Statement', 'Terms Of Use', 'About HICA', and 'Report vulnerability'. A 'Contact Us' link and a 'Feedback' icon are also present.

2. Fill in the all the **highlighted** mandatory field below.

[Dashboard](#) [eServices](#) [Company Details](#)

Emily

Defer Renewal of Facility Registration

You are applying to **Defer the Renewal of Facility (Facility No. LFA241118HCF001)**

A request to defer the renewal must be supported by strong justification and is subject to approval by MOH. Please state the reason for the application below and provide the relevant supporting documents which may include details or further justifications for the request, proposed plans, timeline for planned renewal, etc.

Please note that if your application to defer the renewal of the facility is rejected, the facility registration and all approvals held by the facility shall cease to be valid by the expiry date for the facility registration.

For Certified Facilities, please note that an approval to defer the renewal DOES NOT constitute an extension of the validity of the certification period. All facilities are required to stop all work involving the regulated biological agent and/or toxin by the stipulated expiry date.

Active Facility Number

LFA241118HCF001

Facility Name

CHCF Comp123

Expected Date of Renewal*

dd/mm/yyyy

Reason for deferment*

The maximum file size per document is 9 MB.

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

Please select the corresponding Document Type for each uploaded document.

Supporting Documents

UPLOAD

☐

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](#)

SUBMIT

3. Fill in the **Expected Date of Renewal**.

Expected Date of Renewal*

dd/mm/yyyy

4. Fill in the **Reason for Deferment**.

Reason for deferment*

5. **Upload Supporting Document** by clicking on **UPLOAD** and select the **Document Type** for each uploaded document.

Supporting Documents 

UPLOAD

6. **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

7. 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 or click **HOME** to return to the **Dashboard**.

Dashboard eServices ▼ Company Details

 Emily ▼

Defer Renewal of Facility Registration

Your submission is successful.

Application to delay the renewal of registration for (Facility No. LFA241118HCF001)
We will notify you of the status of the application or if additional information is required.

Application Number

R241118HCF005

Date & Time

18/11/2024 15:04:52

PRINT

HOME

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Inbox (3)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
R241118HCF005

Facility Name:
CHCF Comp123

Application Type:
All

Date Saved/Submitted From:
dd/mm/yyyy

Application Sub-Type:
Please Select

Application Status:
All

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

20

<< < 1 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
R241118HCF005	CHCF Comp123	Renewal	Facility Registration	Pending MOH	18/11/2024 15:04:52	Select

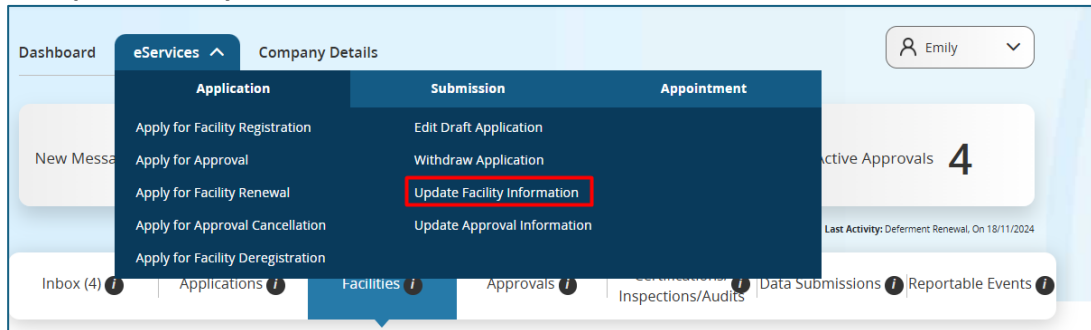
4. APPLY TO UPDATE EXISTING INFORMATION (REQUEST FOR CHANGE)

This section describes the steps to apply to update:

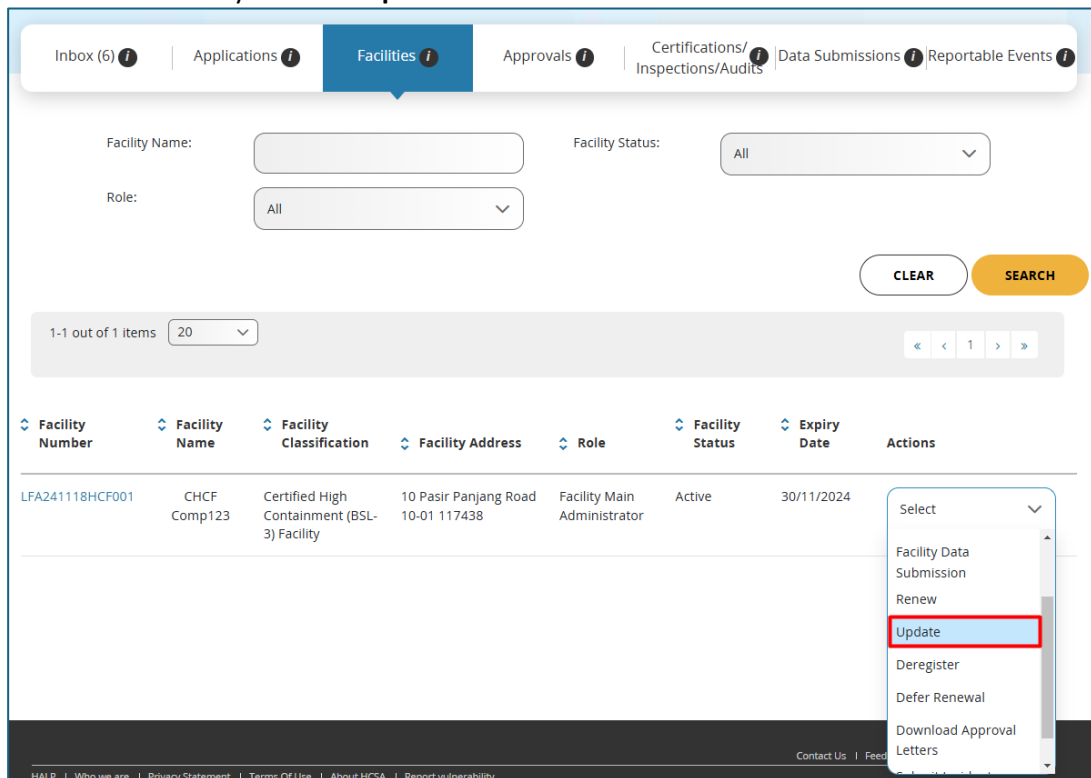
- a. Facility information.
- b. Information related to specific Approvals granted.

4.1. Update Facility Information

1. From the **Dashboard**, hover over **eServices**, hover over the **Application** menu and click **Update Facility Information**.



2. The system will redirect to the **Facilities** tab. Click the **Actions** dropdown for the intended facility and click **Update**.



3. The system will redirect to the **Update Facility Information** page. Click the **down** arrow for the desired section to edit.

*Note: The **Biological Agents & Toxins** section is only available for edit by Registered Facility with Facility Activity Type Handling of Fifth Schedule Toxin for Exempted Purposes. Refer to [MOH HALP Internet - Facility User Guide Part 2.2 Section 4.2](#) for the steps to update biological agents and toxins information for Certified Facilities, Uncertified Facilities and Biomanufacturing Facilities. Refer to MOH HALP Internet - Facility User Guide Part 3 Section 6.5 for the steps to update the Poliovirus inventory information for Registered Facilities.*

The following sections are not eligible for update through this function:

- a. **Company Information** is retrieved from the Accounting and Corporate Regulatory Authority (ACRA) based on the Company UEN. Company Information cannot be updated in HALP directly.
- b. **Other Application Information** (declarations for view only)

Update Facility Information

You are updating the information for LFA241118HCF001 Certified High Containment (BSL-3) Facility with 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

▼ Company Information ✓

▼ Facility Information ✓

▼ Other Application Information ✓

▼ Supporting Documents ✓

▼ Approved Facility Certifier ✓

◀ Back

PRINT

Update Facility Information

You are updating the information for **LFA240710ETF001 Registered Facility** with activity type:
Handling of Fifth Schedule Toxin for Exempted Purposes

Company Information

Facility Information

Biological Agents & Toxins

Other Application Information

Supporting Documents

[< Back](#)

PRINT

4. Click **Edit** to navigate to the desired section.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

Company Information

Facility Information

Edit

Facility Profile	
Facility Name	CHCF Comp123
Type of Facility	Academic
Is the Facility address the same as the company address?	Yes
Postal Code	117438
Address Type	Apt Bldg
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?	Yes

4.1.1. Facility Information

1. The system will direct to **Facility Information** page. Click **Edit** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Note: The contents displayed under Facility Profile may differ depending on the facility classification, however, the steps to enable editing are the same.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

1 ✓
Company Information

2
Facility Information

3 ✓
Other Application Information

4 ✓
Supporting Documents

5 ✓
Approved Facility Certifier

6 1
Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

Facility Profile

Edit

Facility Name *

CHCF Comp123

Type of Facility *

Academic

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

☒ Yes

☐ No

Postal Code *

117438

Address Type *

Apt Bld

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? *

☒ Yes

☐ No

The maximum file size per document is 9 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCK, CSV, XLS, XLSX, BMP.

Gazette Order *

download.jpg(4.2KB)

UPLOAD

< Back

SAVE AS DRAFT

NEXT

2. Click **Edit** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.
Note: This step is not applicable to Registered Facility.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

1 ✓
Company Information

2
Facility Information

3 ✓
Other Application Information

4 ✓
Supporting Documents

5 ✓
Approved Facility Certifier

6 1
Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

Facility Operator Profile

Edit

Designation of Facility Operator *
Mor1111

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 *
Dr

Name *
Emesd

ID No *
NRIC 59218246j

Nationality *
SINGAPORE CITIZEN

Designation *
xxx

Contact No. *
88888888

Email *
dedicateddummy7@gmail.com

Employment Start Date *
18/11/2024

< Back

SAVE AS DRAFT

NEXT

3. Click **Edit** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

For the replacement of the current Facility Administrator (or Alternate Administrator) with a new Facility Administrator (or Alternate Administrator), the following conditions must be met:

- a. *The new Facility Administrator (or Alternate Administrator) has a valid HALP **User Account** with the correct **Role** assigned by the **Master Admin** (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.1 for more information).*
- b. *The **Master Admin** has indicated the **Effective End Date** for the **Facility Assignment** of the current Facility Administrator (or Alternate Administrator) (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.4 for more information).*
- c. *The **Effective Start Date** indicated in the renewal application for the new Facility Administrator (or Alternate Administrator) is after the **Effective End Date** of the current Facility Administrator (or Alternate Administrator) (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.4 for more information).*

*For the addition of a new Facility Officer, the new Facility Officer must have a valid HALP **User Account** with the correct **Role** assigned by the **Master Admin** (refer to MOH HALP Internet - Facility User Guide Part 1 Section 3.1.1 for more information).*

Update Facility Information

You are updating the information for LFA241118HCF001 Certified High Containment (BSL-3) Facility with 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

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 Administrator

[Edit](#)

Salutation *	Dr
Name *	Emily
ID No *	NRIC 58650247Z
Nationality *	SINGAPORE CITIZEN
Designation *	sss
Contact No. *	88888888
Email *	dedicateddummy7@gmail.com
Employment Start Date *	18/11/2024
Effective Start Date *	18/11/2024

Alternate Administrator

Salutation *	Dr
Name *	P1234
ID No *	NRIC 55823241F
Nationality *	SINGAPORE CITIZEN
Designation *	XICXK
Contact No. *	88888888
Email *	dedicateddummy7@gmail.com
Employment Start Date *	18/11/2024
Effective Start Date *	18/11/2024

Facility Officer 1

+ Add Facility Officer

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

4. Click **Edit** to enable the upload and delete functions to update the list of **Biosafety Committee Members**. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

Note:

- It is **mandatory** to upload the list of **Biosafety Committee Members** using the template provided. Refer to [Table 1 in MOH HALP Internet - User Guide Part 2.2 Section 2.2.4 Biosafety Committee](#) for more information.*
- This step is not applicable to Registered Facility.*

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

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 Biosafety Committee Members

✎ Edit

- 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.xlsx](#)(20.9KB)

DELETE

UPLOAD

Click [here](#) to expand all information

< Back

SAVE AS DRAFT

NEXT

Page 98 of 167

5. Click **Edit** to enable the upload and delete functions to update the list of **Personnel Authorised to Access the Facility**. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to continue.

Note:

- It is **mandatory** to upload the list of **Personnel Authorised to access the Facility** using the template provided. Refer to [Table 2 in MOH HALP Internet - Facility User Guide Part 2.2 Section 2.2.5 Authorised Personnel](#) for more information.*
- This step is not applicable to Registered Facility with the Facility Activity Type: **Handling of Poliovirus Potentially Infectious Materials**.*

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

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

Edit

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(23.0KB)

DELETE

UPLOAD

Click [here](#) to expand all information

< Back

SAVE AS DRAFT

NEXT

4.1.2. Biological Agents & Toxins

1. Click **Edit** to enable editing of data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Note: This step is only applicable to Registered Facility with Facility Activity Type Handling of Fifth Schedule Toxin for Exempted Purposes. Refer to [MOH HALP Internet - Facility User Guide Part 2.2 Section 4.2](#) for the steps to update biological agents and toxins information for Certified Facilities, Uncertified Facilities and Biomanufacturing Facilities. Refer to MOH HALP Internet - Facility User Guide Part 3 Section 6.5 for the steps to update the Poliovirus inventory information for Registered Facilities.

Update Facility Information

You are updating the information for LFA240710ET001 Registered Facility with 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

Handling of Fifth Schedule Toxin for Exempted Purposes

Schedule *

Fifth Schedule

uEdit

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 * 1

Procurement

Details of Source Facility:

Facility Name *

Registered Facility - Fifth Schedule Toxin

Postal Code *

117438

Address Type *

Apt Bldg

Block / House No.

10

Floor No.

10

Unit No.

01

Street Name *

Pacir Panjang Road

Building Name

Mapletree Business City

< Back

SAVE AS DRAFT

NEXT

4.1.3. Other Application Information (View only)

1. Click **NEXT** to proceed.

Note: The contents displayed under Other Application Information may differ depending on the facility classification, however, the steps to enable editing are the same.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

1 ✓

2 ✓

3

4 ✓

5 ✓

6 1

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

4.1.4. Supporting Documents

1. Click **Edit** to enable the upload and delete functions to make changes where necessary. Click **SAVE AS DRAFT** at any point to save progress. Click **NEXT** to proceed.

Note: The contents displayed in the Supporting Documents page may differ depending on the facility classification, however, the steps to enable editing are the same.

Update Facility Information

You are updating the information for LFA241118HCF001 Certified High Containment (BSL-3) Facility with 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

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

- The maximum file size per document is 9 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Facility Administrative Oversight Plan *

download.jpg(4.2KB)DELETE

UPLOAD

Facility Layout and ACMV Schematics *

download.jpg(4.2KB)DELETE

UPLOAD

Biosafety Coordinator's Certificates *

download.jpg(4.2KB)DELETE

UPLOAD

Facility Biosafety and Biosecurity Manual *

download.jpg(4.2KB)DELETE

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

UPLOAD

< Back

SAVE AS DRAFT

NEXT

4.1.5. Approved Facility Certifier

1. Click **Edit** to enable editing of the data fields and make changes where necessary. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Note: This page is not applicable to Registered Facility.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

1 ✓
Company Information

2 ✓
Facility Information

3 ✓
Other Application Information

4 ✓
Supporting Documents

5
Approved Facility Certifier

6 !
Preview & Submit

Approved Facility Certifier

Edit

Has the facility appointed an Approved Facility Certifier *

Yes No

< Back

SAVE AS DRAFT

NEXT

4.1.6. Preview & Submit

1. In the **Preview and Submit** page, review the information that was provided in the application. Click the **TITLE HEADER** or **arrow** to expand the respective section and verify the relevant information. To collapse the section, click the **TITLE HEADER** or **arrow** again.
Note: The contents displayed in the Preview & Submit page may differ depending on the facility classification, however, the steps to enable editing are the same.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

1 ✓
Company Information

2 ✓
Facility Information

3 ✓
Other Application Information

4 ✓
Supporting Documents

5 ✓
Approved Facility Certifier

6
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.

[Click here to amend other sections](#)

[< Back](#)

SAVE AS DRAFT

SUBMIT

2. Click **Edit** under the respective section to return to that section to make changes.

Update Facility Information

You are updating the information for **LFA241118HCF001 Certified High Containment (BSL-3) Facility** with 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

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Print

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Uploaded Documents

Facility Administrative Oversight Plan
download.jpg(4.2KB)

Facility Layout and ACMV Schematics
download.jpg(4.2KB)

Biosafety Coordinator's Certificates
download.jpg(4.2KB)

Facility Biosafety and Biosecurity Manual
download.jpg(4.2KB)

Edit

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.

Click here to amend other sections

< Back

SAVE AS DRAFT

SUBMIT

3. **Enter Remarks, if applicable.**

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

4. **Mark the checkbox for the declaration.**

5. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

Remarks	<div></div>
☒	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.
Click here to amend other sections	
Back	<div>SAVE AS DRAFTSUBMIT</div>

6. 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**.

Update Facility Information

You have successfully submitted a Request for Change Application.

Update Facility Registration

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

Application Number	Date & Time
C241119HCF007	19/11/2024 16:35:21

PRINT

HOME

7. From the **Dashboard**, click the **Applications** tab. The submitted application will be listed in the **Applications** tab.

Inbox (9)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.: C241119HCF007

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

20

<< < 1 > >>

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

C241119HCF007

CHCF Comp123

Request For Change

Facility Registration

Pending MOH

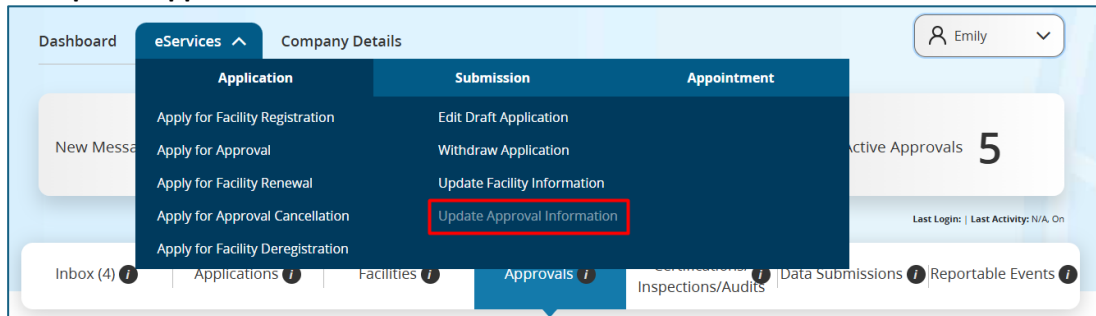
19/11/2024 16:35:21

Select

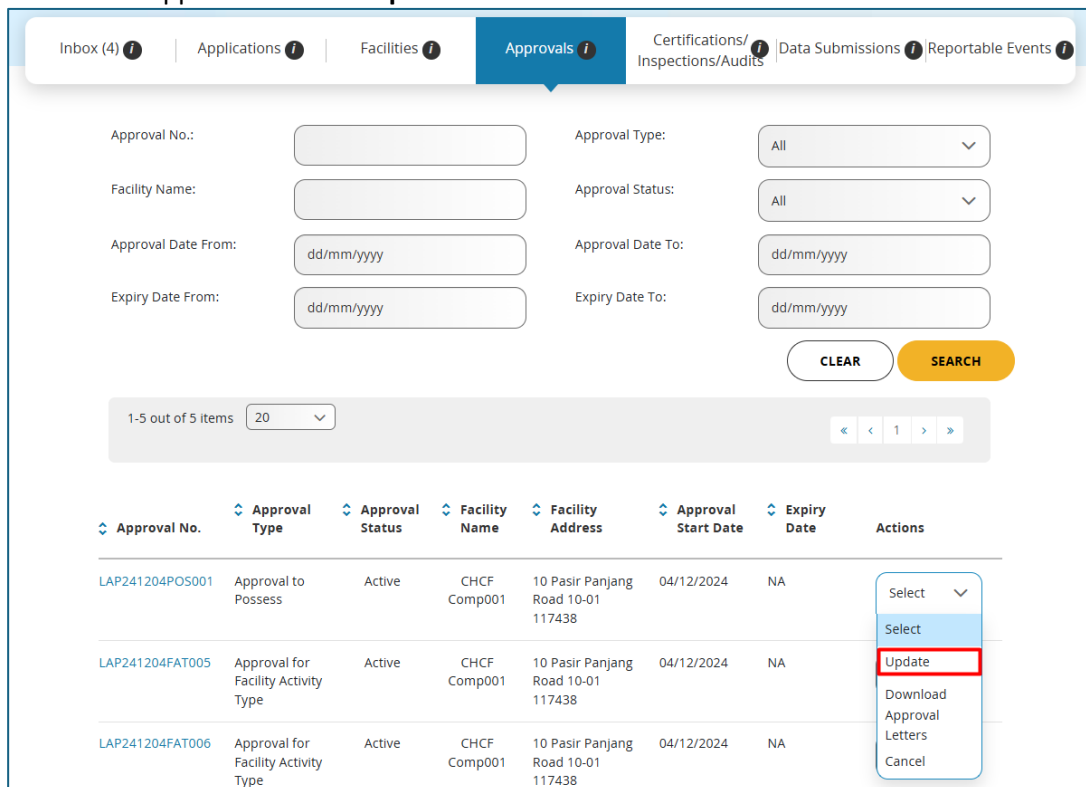
4.2. Update Approval Information

Note: This section is applicable to update information related to the Approval to Possess, Approval to Large Scale Produce and Special Approval to Handle.

1. From the **Dashboard**, hover over **eServices**, hover over the **Application** menu and click **Update Approval Information**.



2. The system will redirect to the **Approvals** tab. Click the **Actions** dropdown for the desired approval and click **Update**.



3. The system will redirect to the **Update Approval Information** page. Click the **down** arrow for the desired section to edit.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

Application Information

Supporting Documents

[< Back](#)[PRINT](#)

4. Click **Edit** to navigate to the desired section.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

Application Information

Supporting Documents

Facility Profile

Facility NameCHCF Comp001

Facility Classification:Certified High Containment (BSL-3) Facility

Existing Facility Activity Type Approval

- 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

Details of Biological Agent/Toxin

ScheduleFirst Schedule Part I

Name of Biological Agent/ToxinAKABANE VIRUS

Type of sample that will be handledCulture/Isolate of biological agent

Type of work that will be carried out involving the biological agent/toxinPure toxin

Mode of ProcurementCulturing/isolation of biological agent

Mode of ProcurementSerological test

Mode of ProcurementLocal Transfer

Details of Transferring Facility

Facility NameTrqw

Postal Code123456

Address TypeWithout Apt Blk

Block / House No.

Floor & Unit-

Street NameStr8

Building Name

Details of Contact Person from Transferring Facility

NameULu

Email addressdedicateddummy7@gmail.com

Contact No.88888888

Expected Date of Transfer05/12/2024

Name of Courier Service ProviderDDD

Remarkssss

Edit

4.2.1. Application Information

1. Click **Edit** to enable editing of the data fields and make changes where necessary.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

1
Application Information

2 ✓
Supporting Documents

3 1
Preview and Submit

Facility Profile

Details of Biological Agent/Toxin

Details of Biological Agent/Toxin

Edit

Schedule *

First Schedule Part I

Name of Biological Agent/Toxin *

AKABANE VIRUS

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.

2. Click **NEXT** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Expected Date of Transfer *

05/12/2024

Name of Courier Service Provider *

DDD

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

Remarks *

SSS

+ Add New Biological Agent/Toxin

< Back

SAVE AS DRAFT

NEXT

4.2.2. Supporting Document

1. Click **Edit** to enable the upload and delete functions and make changes where necessary. Click **DELETE** to remove an existing document. Click **PREVIEW** to proceed. Click **SAVE AS DRAFT** at any point to save progress.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

1

2

3

Application InformationSupporting DocumentsPreview and Submit

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

Edit

Supporting Documents

Approval/Endorsement: Biosafety Committee

FormA.png(0.7KB)

UPLOAD

Risk Assessment and Management

FormB.png(1.1KB)

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

FormC.png(0.8KB)

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

[< Back](#)

SAVE AS DRAFT

PREVIEW

4.2.3. Preview & Submit

1. In the **Preview & Submit** page, review the information that was provided in the application. Click on **Application Information** and **Supporting Documents** to expand the respective section and verify the relevant information. To collapse the section, click on **Application Information** and **Supporting Documents** again.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

Print

Application Information ✓

Supporting Documents ✓

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.

[Click here to amend other sections](#)

[Back](#)

SAVE AS DRAFTSUBMIT

2. Click **Edit** under the respective section to return to that section to make changes.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

Print

Application Information ✓

Supporting Documents ✓

Approval/Endorsement: Biosafety Committee
[FormA.png\(0.7KB\)](#)
Risk Assessment and Management
[FormB.png\(1.1KB\)](#)
Standard Operating Procedures (including Emergency Response Plans)
[FormC.png\(0.8KB\)](#)

Edit

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.

[Click here to amend other sections](#)

[< Back](#)

SAVE AS DRAFT

SUBMIT

3. Enter Remarks, if applicable.

Remarks

4. **Mark the checkboxes for the declarations.** Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

Note: Declarations displayed may differ depending on the type of approval selected for update.

Update Approval Information

You are updating the information for **Approval to Possess LAP241204POS001**

1 ✓
Application Information

2 ✓
Supporting Documents

3
Preview and Submit

[Print](#)

✓ Application Information ✓

✓ Supporting Documents ✓

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.

[Click here to amend other sections](#)

[< Back](#)

SAVE AS DRAFTSUBMIT

5. 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**.

Update Approval Information

You have successfully submitted a Request for Change Application.

Update of information for

Approval to Possess - AKABANE VIRUS

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

Application Number

Date & Time

C241204POS003

04/12/2024 20:29:22

PRINT

HOME

6. From the **Dashboard**, click the **Applications** tab. The submitted application will be listed in the **Applications** tab.

Dashboard

eServices

Company Details

Emily

New Messages5

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (5)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:C241204POS003

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 items20

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

C241204POS003

CHCF Comp001

Request For Change

Approval to Possess

Pending MOH

04/12/2024 20:29:22

Select

5. RESPOND TO REQUEST FOR INFORMATION

This section describes the steps to respond to a request for information (RFI) from MOH. RFI can be broadly divided into two categories:

- a. **Workflow RFI** – RFI that is triggered in response to an application or submission by the Facility.
- b. **Ad-hoc RFI** – Ad-hoc RFI initiated by MOH.

5.1. Respond to Workflow RFI

When a workflow RFI is triggered, the system will **route the application or submission back** to the Facility to **make changes** or **provide additional information, including supporting documents**. Although the contents of the application (e.g. New Facility Registration, New Approval to Possess, Renewal of Facility Registration, Update to Facility Information) and submission (e.g. Incident Notification) may vary, the steps to respond to a workflow RFI are the same.

Example 1: Respond to Workflow RFI requesting for additional Supporting Documents in response to the application for New Facility Registration

1. Facility receives a **notification** of the RFI with **Message Type: Action Required**. From the **Inbox**, click the **Subject**.

The screenshot shows the MOH Biosafety system inbox. At the top, there are tabs for 'Inbox (8)', 'Applications', 'Facilities', 'Approvals', 'Certifications/Inspections/Audits', 'Data Submissions', and 'Reportable Events'. Below the tabs are filters for 'Message Type' (Please Select), 'Submission Type' (Please Select), and a search bar. There are also date filters for 'Date From' and 'Date To'. A pagination bar shows '1-8 out of 8 items' and a dropdown for '20'. Below the filters is a table with columns: Subject, Message Type, Facility Name, Reference Number, Submission Type, and Date of Notification. The second row of the table is highlighted with a red box.

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Request for information for C241204POS003	Action Required	CHCF Comp001	N241204POS011	Request for Change for Approval to Possess	04/12/2024 20:34:11
☐	MOH Biosafety - [For Action]: Request for information for A241204HCF010	Action Required	CHCF CoNew	N241204HCF077	New Facility Registration	04/12/2024 20:39:48

2. **Comments from MOH** related to the RFI will be indicated. Click the **“here”** hyperlink to submit the response to the RFI.

Dashboard
eServices
Company Details

Emily

New Messages8

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (8)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Message Content

Dear Emily (Main Administrator),

We refer to your Application A241204HCF010 submitted on 04/12/2024.

Please submit the following information and/or documentations:

Comments from MOH: x

Sections where changes are allowed: Supporting Documents.

Please click [here](#) to submit your response.

Thank you.

Regards

Biosafety Branch

Ministry of Health

< Back

Alternatively, from the **Dashboard**, click the **Applications** tab. Select **Submit Response** from the Action dropdown for the tasks with status **Pending Applicant Clarification**.

Dashboard
eServices
Company Details

Emily

New Messages7

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (7)

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

1-4 out of 4 items
20

<
<
1
>
>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241204HCF010	CHCF CoNew	New	Facility Registration	Pending Applicant Clarification	04/12/2024 20:39:04	<div> Select <div> Submit Response </div> </div>
C241204POS003	CHCF Comp001	Request For Change	Approval to Possess	Pending Applicant Clarification	04/12/2024 20:29:22	<div> Select <div> Withdraw </div> </div>
A241204POS001	CHCF Comp001	New	Approval to Possess	Approved	04/12/2024 20:08:42	

3. The system will redirect to the **Company Profile** page. Click **Next** to proceed.

[Dashboard](#)[eServices](#) [Company Details](#)

 Emily 

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with 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	117663311C
Company Name	Emily
Postal Code	117438
Address Type	Apt Blk
Block / House No	10
Floor No.	10
Unit No.	01
Street Name	Pasir Panjang Road

[< Back](#)[NEXT](#)

- Click the **Supporting Documents** tab to navigate to the **Supporting Documents** page.

Dashboard

eServices

Company Details

Emily

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with 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, BMP.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Supporting Documents

Edit

Facility Administrative Oversight Plan *

FormA.png(0.7KB)

UPLOAD

Facility Layout and ACMV Schematics *

FormB.png(1.1KB)

UPLOAD

Biosafety Coordinator's Certificates *

FormC.png(0.8KB)

UPLOAD

Facility Biosafety and Biosecurity Manual *

FormA.png(0.7KB)

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

UPLOAD

< Back

NEXT

Page 119 of 167

5. Click **EDIT** to enable the upload and delete functions and make changes where necessary.

*Note: The editing of the information may be restricted to specific sections during **RFI**; indicated by the presence of **Edit**.*

[Dashboard](#) [eServices](#) [Company Details](#) Emily

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with 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

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

Supporting Documents

Facility Administrative Oversight Plan *

FormA.png(0.7KB)

UPLOAD

Facility Layout and ACMV Schematics *

FormB.png(1.1KB)

UPLOAD

Biosafety Coordinator's Certificates *

FormC.png(0.8KB)

UPLOAD

Facility Biosafety and Biosecurity Manual *

FormA.png(0.7KB)

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

UPLOAD

[< Back](#) [NEXT](#)

6. Click **DELETE** to remove an existing file, if applicable. Click **UPLOAD** to upload a document. Click the **file name hyperlink** to download the document.

Note: Mandatory documents, if any, must be provided to proceed.

[Dashboard](#) [eServices](#) [Company Details](#) Emily

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with 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, BMP.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

[Edit](#)

Supporting Documents

Facility Administrative Oversight Plan *

FormA.png 0.7KB

UPLOAD

Facility Layout and ACMV Schematics *

FormB.png(1.1KB)

UPLOAD

Biosafety Coordinator's Certificates *

FormC.png(0.8KB)

UPLOAD

Facility Biosafety and Biosecurity Manual *

FormA.png(0.7KB)

UPLOAD

Approval/Endorsement: Biosafety Committee

UPLOAD

Others

UPLOAD

[< Back](#) [NEXT](#)

7. The newly uploaded file will be displayed. Click **NEXT** until the **Preview & Submit** page or click the **Preview & Submit** tab directly. Click **SAVE AS DRAFT** at any point to save progress.

Note: Multiple documents can be uploaded in each section.

The screenshot displays the 'New Facility Registration' interface. At the top, there are navigation links for 'Dashboard', 'eServices', and 'Company Details', along with a user profile for 'Emily'. The main heading is 'New Facility Registration', followed by a sub-heading: 'You are applying for Certified High Containment (BSL-3) Facility with activity type: Possession of First and/or Second Schedule Biological Agent'.

A progress bar at the top shows six steps: 1. Company Information, 2. Facility Information, 3. Other Application Information, 4. Supporting Documents (current step), 5. Approved Facility Certifier, and 6. Preview & Submit (highlighted with a red box).

Below the progress bar, a list of instructions is provided:

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

The 'Supporting Documents' section contains several upload fields:

- Facility Administrative Oversight Plan ***: Two files are shown, 'FormA.png' (0.7KB) and 'FormB.png' (1.1KB), both with 'SAVE' buttons. The 'FormB.png' file name is highlighted with a red box. Below them is an 'UPLOAD' button.
- Facility Layout and ACMV Schematics ***: One file 'FormB.png' (1.1KB) with a 'SAVE' button and an 'UPLOAD' button below it.
- Biosafety Coordinator's Certificates ***: One file 'FormC.png' (0.8KB) with a 'SAVE' button and an 'UPLOAD' button below it.
- Facility Biosafety and Biosecurity Manual ***: One file 'FormA.png' (0.7KB) with a 'SAVE' button and an 'UPLOAD' button below it.
- Approval/Endorsement: Biosafety Committee**: An 'UPLOAD' button.
- Others**: An 'UPLOAD' button.

At the bottom left, there is a '< Back' link. At the bottom right, there is a yellow 'NEXT' button highlighted with a red box.

8. In the **Preview and Submit** page, click **Supporting Documents** to expand the section.

9. Verify that the changes made. Click **Edit** to return to the section, if needed.

10. Mark the **checkbox** for the **declaration**. Enter **Remarks**, if applicable. Click **SUBMIT** to submit response.

Note: Declarations displayed may differ depending on the type of application or submission.

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with 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

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

SUBMIT

11. Upon successful submission, an **Acknowledgement** message will be displayed. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

[Dashboard](#) [eServices](#) ▾ [Company Details](#)

Request for Information

Your response to the request for information has been submitted.

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
A241204HCF010	04/12/2024 21:06:37

[PRINT](#) [HOME](#)

12. From the **Dashboard**, click the **Applications** tab, verify that the **Application status** for the application is **Pending MOH**.

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Dashboard

eServices

Company Details

Emily

New Messages7

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (7)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.:

A241204HCF010

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

20

<<<1>>>

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

A241204HCF010

CHCF CoNew

New

Facility Registration

Pending MOH

04/12/2024 20:39:04

Select

Example 2: Respond to workflow RFI requesting for additional information under Details of Biological Agent/Toxin and additional Supporting Documents in response to the application for New Approval to Possess

1. Facility receives a **notification** of the RFI with **Message Type: Action Required**. From the **Inbox**, click the **Subject**.

DashboardeServices▼Company Details

Emily

New Messages8

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (8)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Message Type:

Please Select

Submission Type:

Please Select

Search your keywords

Date From:

dd/mm/yyyy

Date To:

dd/mm/yyyy

1-10 out of 11 items

20

<<12>>

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Request for information for C241204POS003	Action Required	CHCF Comp001	N241204POS013	Request for Change for Approval to Possess	04/12/2024 21:21:22
☐	MOH Biosafety - [For Action]: Request for information for A241204POS006	Action Required	CHCF Comp001	N241204POS017	New Approval to Possess	04/12/2024 21:28:30

2. **Comments from MOH** related to the RFI will be indicated. Click the **“here”** hyperlink to submit the response to the RFI.

DashboardeServices▼Company Details

Emily

New Messages8

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (8)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Message Content

Dear Emily (Main Administrator),

We refer to your Application A241204POS006 submitted on 04/12/2024.

Please submit the following information and/or documentations:

Comments from MOH: x

Sections where changes are allowed: Supporting Documents,Application Information.

Please click [here](#) to submit your response.

Thank you.

Regards

Biosafety Branch

Ministry of Health

< Back

Page 127 of 167

Alternatively, from the **Dashboard**, click the **Applications** tab. Select **Submit Response** from the Action dropdown for the tasks with status **Pending Applicant Clarification**.

The screenshot shows the 'Applications' tab selected in the dashboard. The top navigation bar includes 'Dashboard', 'eServices', and 'Company Details'. The main content area has a search bar and a list of applications. The 'Applications' tab is highlighted with a red box. Below the search bar, there are filters for 'Application No.', 'Facility Name', 'Application Type', 'Application Sub-Type', 'Application Status', and 'Date Saved/Submitted'. A table lists applications with columns for Application No., Facility Name, Application Type, Application Sub-Type, Application Status, Date Saved/Submitted, and Actions. The 'Submit Response' option is highlighted in the Actions dropdown menu for the application with ID A241204HCF010.

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241204POS006	CHCF Comp001	New	Approval to Possess	Pending Applicant Clarification	04/12/2024 21:27:47	Select Select Submit Response Withdraw
A241204HCF010	CHCF CoNew	New	Facility Registration	Pending MOH	04/12/2024 20:39:04	

3. The system will redirect to **Facility Profile** page, click **NEXT**.

The screenshot shows the 'Facility Profile' page. The top section has a progress bar with three steps: 'Application Information' (1), 'Supporting Documents' (2), and 'Preview and Submit' (3). The 'Facility Profile' section is active. It contains fields for 'Facility Name' (CHCF Comp001), 'Facility Classification' (Certified High Containment (BSL-3) Facility), and 'Existing Facility Activity Type Approval'. The 'NEXT' button is highlighted with a red box.

Application for Approval

You are applying for **Approval to Possess**

1 Application Information

2 Supporting Documents

3 Preview and Submit

Facility Profile

Facility Name: CHCF Comp001

Facility Classification: Certified High Containment (BSL-3) Facility

Existing Facility Activity Type Approval:

- 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 **NEXT**

4. Click **Edit** to enable editing of the data fields and make changes where necessary.

Application for Approval

You are applying for **Approval to Possess**

1Application Information

2Supporting Documents

3Preview and Submit

Facility Profile

Details of Biological Agent/Toxin

Details of Biological Agent/Toxin

Schedule *

First Schedule Part II

Name of Biological Agent/Toxin *

BACILLUS ANTHRACIS, EXCEPT FOR PLASMID PX02, OR PLASMIDS PX01 AND PX02

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/toxin *

☒ 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 *

test

Postal Code *

123123

Retrieve your address

Address Type *

Without Apt Bldg

Block / House No.

Floor No.

Unit No.

tes

Street Name *

test

Building Name

Details of Contact Person from Transferring Facility:

Name *

test

Email address *

test@mail.com

Contact No. *

00000000

Expected Date of Transfer *

05/07/2024

Name of Courier Service Provider *

test

Note: This driver of the courier must have a valid Hazardous Materials Transport Driver Permit, where applicable, in accordance with SDO's Transportation Regulations

Remarks *

test

[+ Add New Biological Agent/Toxin](#)

[Back](#)

[NEXT](#)

5. Enter additional information under **Details regarding the type of sample that will be handled and the intended work**, in response to **Comments from MOH** and click **NEXT**.

Application for Approval

You are applying for Approval to Possess

1Application Information

2Supporting Documents

3Preview and Submit

Facility Profile

Details of Biological Agent/Toxin

Details of Biological Agent/Toxin

Schedule *

First Schedule Part I

Name of Biological Agent/Toxin *

BHANTIA VIRUS

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/toxin *

☐ 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

Details regarding the type of sample that will be handled and the intended work *

Mode of Procurement *

☒ Local Transfer☐ Import

Details of Transferring Facility:

Facility Name *

test

Postal Code *

242351

Retrieve your address

Address Type *

Without Apt Bk

Block / House No.

Floor No.

Unit No.

Street Name *

test

Building Name

Details of Contact Person from Transferring Facility:

Name *

test

Email address *

test@mail.com

Contact No. *

99999999

Expected Date of Transfer *

11/07/2024

Name of Courier Service Provider *

test

Note: The owner of the consignment must have a valid International Transport Document (ITD) when available, in accordance with IATA's "Transportation Regulations".

Remarks *

test

» Add New Biological Agent/Toxin

« Back

NEXT

Page 130 of 167

6. Click **Edit** to enable the upload and delete functions for Supporting Documents and make changes where necessary.

Application Information Supporting Documents Preview and 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 [Edit](#)

Approval/Endorsement: Biosafety Committee

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

[UPLOAD](#)

Risk Assessment and Management

[UPLOAD](#)

Standard Operating Procedures (including Emergency Response Plans)

[UPLOAD](#)

GMAC Endorsement

[UPLOAD](#)

Others

[UPLOAD](#)

7. Click **DELETE** to remove an existing document. Click **UPLOAD** to upload another document. Click the file name **hyperlink** to download the document.
Note: Mandatory documents, if any, must be provided to proceed.

Dashboard

eServices

John

Application for Approval

You are applying for **Approval to Possess**

1

2

3

Application Information

Supporting Documents

Preview and 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

Approval/Endorsement: Biosafety Committee

Facility Administrative Oversight Plan Placeholder Input.docx (3.2KB)

Facility Administrative Oversight Plan Placeholder Input.docx (13.2KB)

UPLOAD

Risk Assessment and Management

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

< Back

NEXT

8. The newly uploaded file will be displayed. Click **NEXT** until the **Preview & Submit** page or click the **Preview & Submit** tab. Click **SAVE AS DRAFT** at any point to save progress.
Note: Multiple documents can be uploaded in each section.

Dashboard

eServices

John

Application for Approval

You are applying for **Approval to Possess**

1 Application Information

2 Supporting Documents

3 Preview and 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

Approval/Endorsement: Biosafety Committee

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

UPLOAD

Risk Assessment and Management

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

UPLOAD

Standard Operating Procedures (including Emergency Response Plans)

UPLOAD

GMAC Endorsement

UPLOAD

Others

UPLOAD

< Back

NEXT

9. In the **Preview and Submit** page, click on **Application Information** and **Supporting Documents** to expand the respective sections.

Application for Approval

You are applying for **Approval to Possess**

1 Application Information 2 Supporting Documents 3 Preview and Submit

Print

Application Information ✓

Supporting Documents ✓

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.

10. Verify the changes made in each section. Click **Edit** to return to the section, if needed.

1 Application Information 2 Supporting Documents 3 Preview and Submit

Print

Application Information ✓

Supporting Documents ✓

Approval/Endorsement: Biosafety Committee

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

Risk Assessment and Management

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

Edit

11. Mark the **checkbox** for the **declaration** and click **SUBMIT** to submit response.
Note: Declarations displayed may differ depending on the type of application or submission.

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

SUBMIT

12. Upon successful submission, an **Acknowledgement** message will be displayed. Click **PRINT** to print a copy of the acknowledgement page. Click **HOME** to return to the **Dashboard**.

Dashboard

eServices

Request for Information

Your response to the request for information has been submitted.

Approval to Possess:

- CALIFORNIA ENCEPHALITIS VIRUS

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

Application Number

Date & Time

A241204POS006

04/12/2024 21:38:20

PRINT

HOME

13. From the **Dashboard**, click the **Applications** tab, verify that the **Application status** for the application is **Pending MOH**.

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Dashboard

eServices

Company Details

Emily

New Messages7

Application Drafts0

Active Facilities1

Active Approvals5

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

Inbox (7)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:A241204POS006

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 items20

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

A241204POS006

CHCF Comp001

New

Approval to Possess

Pending MOH

04/12/2024 21:27:47

Select

5.2. Respond to Ad-Hoc RFI

1. Facility receives a notification of the **ad-hoc RFI** with **Message Type: Action Required**. From the **Inbox**, click the **Subject**.

DashboardeServices ▼Company Details

Emily ▼

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

New Messages16

Application Drafts0

Active Facilities1

Active Approvals5

Inbox (16) ⓘ

Applications ⓘ

Facilities ⓘ

Approvals ⓘ

Certifications/
Inspections/Audits ⓘ

Data Submissions ⓘ

Reportable Events ⓘ

Message Type:Please Select ▼

Submission Type:Please Select ▼

Search your keywords

Q

Date From:dd/mm/yyyy

Date To:dd/mm/yyyy

1-10 out of 21 items

20 ▼

« < 1 2 3 > »

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Request for information for C241204POS003	Action Required	CHCF Comp001	N241204POS013	Request for Change for Approval to Possess	04/12/2024 21:21:22
☐	MOH Biosafety - [For Action]: Review Inspection Report for I241204HCF012	Action Required	CHCF Comp001	N241204HCF084		04/12/2024 21:50:54
☐	MOH Biosafety - [For Action]: Request for Information for Pre-Inspection Checklist for I241204HCF013	Action Required	CHCF Comp001	N241204HCF092		04/12/2024 21:55:56
☐	MOH Biosafety - [For Action]: Request for information Q241204HCF016	Action Required	CHCF Comp001	N241204HCF096	Request For Information	04/12/2024 22:08:39

2. **Comments from MOH** related to the RFI will be indicated. Click the **here** hyperlink to submit the response to the RFI.

The screenshot shows the 'Message Content' section of the system dashboard. The message is addressed to Emily (Main Administrator) and contains the following text:

Dear Emily (Main Administrator),
You have received a request for information and/or documentations from MOH Biosafety Branch for the facility, CHCF Comp001 LFA241204HCF003.
Comments from MOH: Please Provide information for BAT/A
Please submit the following information and/or documentations:
• Please fill in
Deadline for submission: 06/12/2024
For details, please click [here](#) to log in to the System to submit your response.
Thank you.
Regards
Biosafety Branch
Ministry of Health

Alternatively, from the **Dashboard**, click the **Applications** tab. Select **Submit Response** from the Action dropdown for the **Ad-Hoc Request for Information** task with status **Pending Applicant Input**.

The screenshot shows the 'Applications' tab in the system dashboard. The dashboard displays the following statistics:

- New Messages: 15
- Application Drafts: 0
- Active Facilities: 1
- Active Approvals: 5

The 'Applications' tab is selected, showing a list of applications. The table below contains the data for the applications:

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
Q241204HCF016	CHCF Comp001	Adhoc Matters	Adhoc Request For Information	Pending Applicant Input	04/12/2024 22:08:39	Select Submit Response
Q241204HCF015	CHCF Comp001	Adhoc Matters	Adhoc Request For Information	Pending DO Review	04/12/2024 22:00:52	

3. The system will redirect to the **Request For Information** page. Click **View** to proceed.

DashboardeServices Company Details

Emily

Request For Information

S/N	Request No.	Facility Name	Facility No.	Start Date	Due Date	Action
1	Q241204HCF016	CHCF Comp001	LFA241204HCF003	04/12/2024	06/12/2024	View

[Back](#)

4. Provide the **Information** and/or **Supporting Documents** requested and click **SUBMIT** to submit response.

[Dashboard](#) [eServices](#) [Company Details](#) Emily

Request For Information

Title	New
Request No.	Q241204HCF016
Facility Name	CHCF Comp001
Facility No.	LFA241204HCF003
Due Date	06/12/2024

Comments by MOH Officer

Please Provide information for BAT/A

Information Required

☒ Information

Please fill in

[< Back](#) [SUBMIT](#)

5. Upon successful submission of the response, an **Acknowledgement** message will be displayed. An **Application Number** is generated to track the ad-hoc RFI. Click **Done** to return to the **Dashboard**.

Dashboard

eServices

Company Details

Emily

Request For Information

Your response to the request for information has been submitted.

Application Number

Date & Time

Q241204HCF016

04/12/2024 22:13:10

DONE

6. The ad-hoc RFI task can be found in the **Applications** tab.

Dashboard

eServices

Company Details

Emily

New Messages 49

Application Drafts 0

Active Facilities 3

Active Approvals 8

Last Login: 23/12/2024 21:41 | Last Activity: Poliovirus Inventory Reporting (Registered Facility), On 23/12/2024

Inbox (49)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.: Q241204HCF016

Application Sub-Type: Please Select

Facility Name:

Application Status: All

Application Type: Adhoc Matters

Date Saved/Submitted From: dd/mm/yyyy

Date Saved/Submitted To: dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items 20

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

Q241204HCF016

CHCF Comp001

Adhoc Matters

Adhoc Request For Information

Pending MOH

04/12/2024 22:08:39

N/A

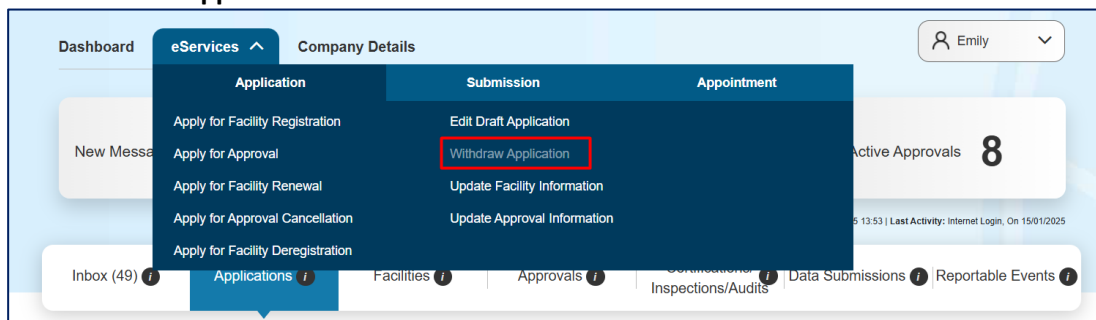
6. WITHDRAWAL

This section describes the steps to withdraw an application or submission initiated by the Facility before it is approved or rejected by MOH.

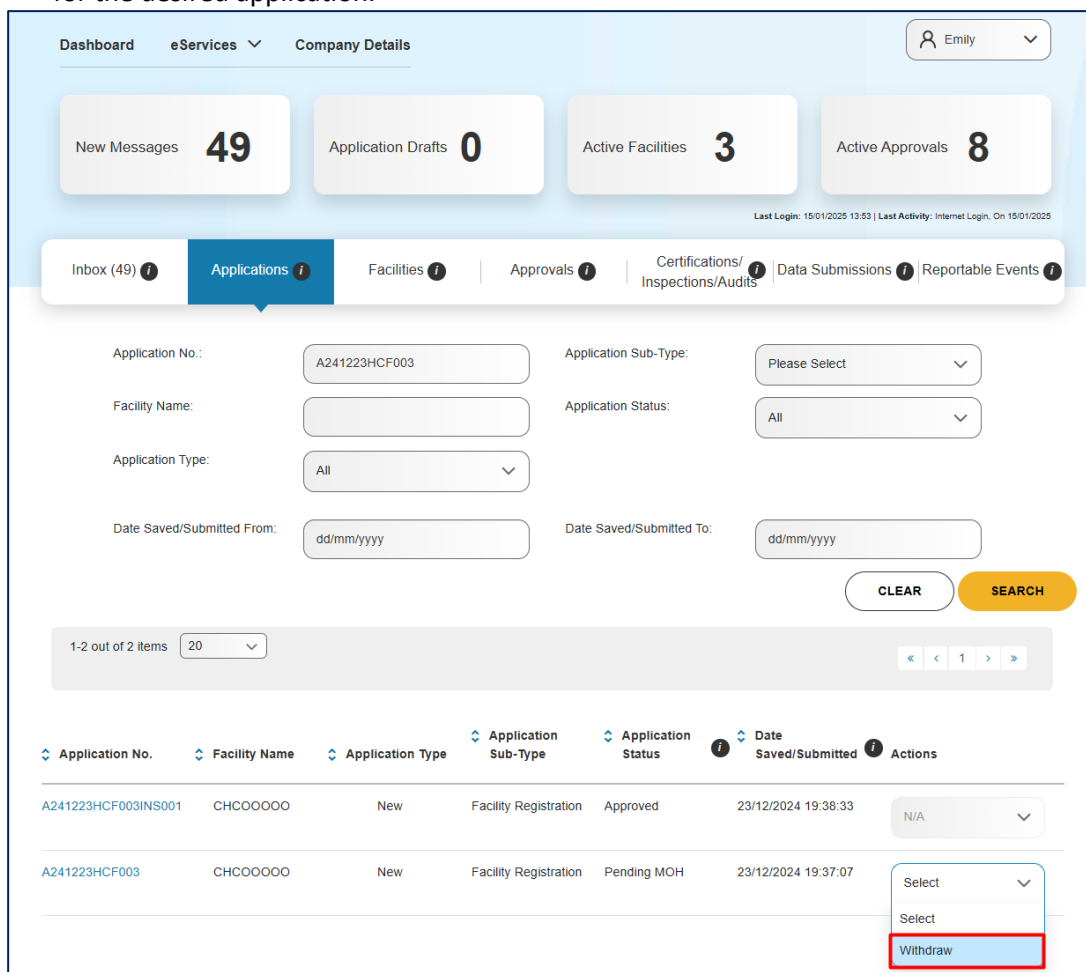
6.1. Submit Withdrawal of an Application

The steps for withdrawing an application are the same regardless of the type of application (e.g. New Facility Registration, New Approval to Possess, Renewal of Facility Registration, Update to Facility Information) submitted.

1. From the **Dashboard**, hover over **eServices**, hover over the **Application** menu, and click **Withdraw Application**.



2. System will redirect to the **Applications** tab. Click **Withdraw** from the **Actions** dropdown for the desired application.



3. The system will redirect to the **Withdrawal Submission** page.

Withdrawal Submission

Print

You are submitting a withdrawal for:

 [A241223HCF003](#)

 Add more applications

Reason for Withdrawal *

Please Select

▼

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Documents

UPLOAD

[< Back](#)

CANCEL

SUBMIT

4. Click **+Add more applications** to add another application for withdrawal, if applicable.

Withdrawal Submission

Print

You are submitting a withdrawal for:

 [A241223HCF003](#)

 Add more applications

Reason for Withdrawal *

Please Select

▼

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

5. **Select the Reason for Withdrawal.**

You are submitting a withdrawal for:

 [A241223HCF003](#)

 [Add more applications](#)

Reason for Withdrawal *

Please Select

Please Select

Duplicate submission

Incorrect information submitted

Failure to obtain pre-requisite license from other agency/ies

No longer wish to provide the service

Others

er Supporting Remarks.

UPLOAD

6. If **Others** is selected under **Reason for Withdrawal**, fill in **Supporting Remarks**.

Withdrawal Submission

A241223HCF003

+

Add more applications

Reason for Withdrawal *

Others

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Remarks *

Supporting Documents

UPLOAD

< Back

CANCEL

SUBMIT

Page 145 of 167

7. Click **UPLOAD** to upload **Supporting Documents**, if applicable.

Withdrawal Submission

A241223HCF003

+ Add more applications

Reason for Withdrawal *

Incorrect information submitted

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Documents

UPLOAD

< Back

CANCEL

SUBMIT

8. Select the **Document Type** for each uploaded document.

Reason for Withdrawal *

Incorrect information submitted

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Documents

FormA.png(0.7KB) Select Document Type:

Please Select

Please Select

AFC: Academic & Professional Certificate

AFC: Company Info

AFC: Curriculum Vitae

AFC: Curriculum Vitae and Testimonial

AFC: Declaration

AFC: Equipment Certificate

DELETE

UPLOAD

< Back

CANCEL

SUBMIT

9. Click **SUBMIT** to submit the application.

Withdrawal Submission

A241223HCF003

Add more applications

Reason for Withdrawal *

Incorrect information submitted

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Documents

FormA.png(0.7KB)

Select Document Type: AFC: Academic & Professional

DELETE

UPLOAD

< Back

CANCEL

SUBMIT

Page 147 of 167

10. Upon successful submission, an **Acknowledgement** message will be displayed. Click **PRINT** to print the acknowledgement page. Click **HOME** to return to the **Dashboard**.

Dashboard

eServices

Company Details

Withdrawal Submission

Your submission is successful.

Withdrawal of the following submission.

Application No.	Date & Time
W250115HCF003	15/01/2025 17:31:27

PRINT

HOME

11. From the **Dashboard**, click the **Applications** tab. The **Withdrawal** application will be listed in the **Applications** tab. The status of the Withdrawal application may be “Pending MOH” or “Approved” depending on the stage of processing. When the **Withdrawal** application status is **Approved**, the status of the selected application (for withdrawal) will be **Withdrawn**.

Dashboard

eServices

Company Details

Emily

New Messages49

Application Drafts0

Active Facilities3

Active Approvals8

Last Login: 15/01/2025 13:53 | Last Activity: Internet Login, On 15/01/2025

Inbox (49)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:W250115HCF003

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

20

<<<1>>>

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

W250115HCF003

CHCOOOOO

Withdrawal

Facility Registration

Pending MOH

15/01/2025 17:31:26

N/A

6.2. Withdrawal of Incident Notification

1. From the **Dashboard**, click the **Reportable Events** tab.

The screenshot shows a dashboard with a top navigation bar containing 'Dashboard' and 'eServices'. A user profile 'John' is in the top right. Below the navigation bar are four summary cards: 'New Messages 636', 'Application Drafts 1', 'Active Facilities 22', and 'Active Approvals 59'. A status bar indicates 'Last Login: 29/04/2024 19:04 | Last Activity: Internet Logout, On 29/04/2024'. The main navigation tabs include 'Inbox (636)', 'Applications', 'Facilities', 'Approvals', 'Certifications/Inspections/Audits', 'Data Submissions', and 'Reportable Events' (which is highlighted with a red box). Below the tabs are filters for 'Message Type', 'Submission Type', 'Date From', and 'Date To', along with a search bar. At the bottom, it shows '1-10 out of 922 items' and a pagination control.

2. System will redirect to the **Reportable Events** tab. Click **Withdraw** from **Actions** dropdown for the desired **Incident Notification**.

The screenshot shows a table of incident notifications. The table has columns for Application No., Facility Name, Facility Address, Category, Incident Type, Name of Biological Agent/Toxin Involved, Reported By, Status, Date of Occurrence, and Actions. The 'Actions' column for the second row (P240325MCF001) is highlighted with a red box, showing a dropdown menu with 'Select' and 'Withdraw' options. The 'Withdraw' option is highlighted in blue.

Application No.	Facility Name	Facility Address	Category	Incident Type	Name of Biological Agent/Toxin Involved	Reported By	Status	Date of Occurrence	Actions
P240429MCF003	CMCF BSL-4	10 Pasir Panjang Road 10-01 117438	Near miss	Biosafety related incident	CALIFORNIA ENCEPHALITIS VIRUS	John	Pending MOH	29/04/2024 00:01:00	Select
P240325MCF001	MapleS	10 Pasir Panjang Road 10-01 117438	Near miss	Biosafety related incident	VARIOLA MAJOR (SMALLPOX) VIRUS	John	Accepted	25/03/2024 02:06:00	Withdraw
P240325MCF006	MapleS	10 Pasir Panjang Road 10-01 117438	Near miss	General safety related incident	VARIOLA MAJOR (SMALLPOX) VIRUS	John	Accepted	25/03/2024 02:01:00	N/A
P240325MCF004	MapleS	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident	VARIOLA MAJOR (SMALLPOX) VIRUS	John	Accepted	25/03/2024 01:00:00	N/A
P240325HCF030	BSL-3 BSB SD	10 Pasir Panjang Road 10-01 117438	Adverse incident or accident	Biosafety related incident, Biosafety related incident, General safety related incident	1918 PANDEMIC INFLUENZA VIRUS	John	Accepted	25/03/2024 00:00:00	N/A

3. The system will redirect to the **Withdrawal Submission** page. From here onwards, refer to the steps listed in [MOH HALP Internet - Facility User Guide Part 2.2 Section 6.1](#) step 4 to step 11 to complete the withdrawal application.

Withdrawal Submission



You are submitting a withdrawal for:

 [P240429MCF003](#)

 Add more applications

Reason for Withdrawal *

Please Select

▼

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Documents

UPLOAD

[< Back](#)

CANCEL

SUBMIT

6.3. Submit Withdrawal of Data Submissions

1. From the **Dashboard**, click the **Data Submissions** tab.

Inbox (638)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.

Application Sub-Type

All

Facility name

Application Status

All

Submission Type

All

Date Submitted From:

dd/mm/yyyy

Date submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 33 items

10

<

<

1

2

3

...

>

>

2. System will redirect to the **Data Submissions** tab. Click **Withdraw** from **Actions** dropdown for the desired submission.

1-1 out of 1 Items		10				<< < 1 > >>	
Application No.	Facility Name	Submission Type	Application Sub-Type	Application Status	Date Submitted	Actions	
N240429MCF005	CMCF BSL-4	Red Teaming Report and Facility Physical Security Report	Facility Data Submission	Pending MOH	29/04/2024 15:16:14	<div>Select</div> <div>Select</div> <div>Withdraw</div>	

3. The system will redirect to the **Withdrawal Submission** page. From here onwards, refer to the steps listed in [MOH HALP Internet - Facility User Guide Part 2.2 Section 6.1](#) step 4 to step 11 to complete the withdrawal application.

Withdrawal Submission

Print

You are submitting a withdrawal for:

 [N240429MCF005](#)

 Add more applications

Reason for Withdrawal *

Please Select

Note: If the Reason for Withdrawal is indicated as "Others", please provide details under Supporting Remarks.

Supporting Documents

UPLOAD

< Back

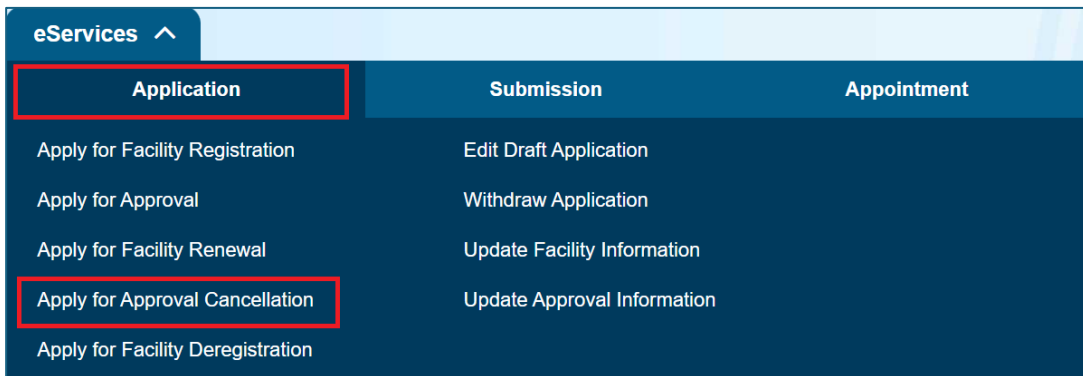
CANCEL

SUBMIT

7. APPLY FOR APPROVAL CANCELLATION

This section describes the steps to apply for the cancellation of Approvals (Approval for Facility Activity Type, Approval to Possess, Approval to Large-Scale Produce, Special Approval to Handle). The Facility must have no physical possession of the biological agent or toxin before initiating the cancellation of an Approval to Possess or a Special Approval to Handle.

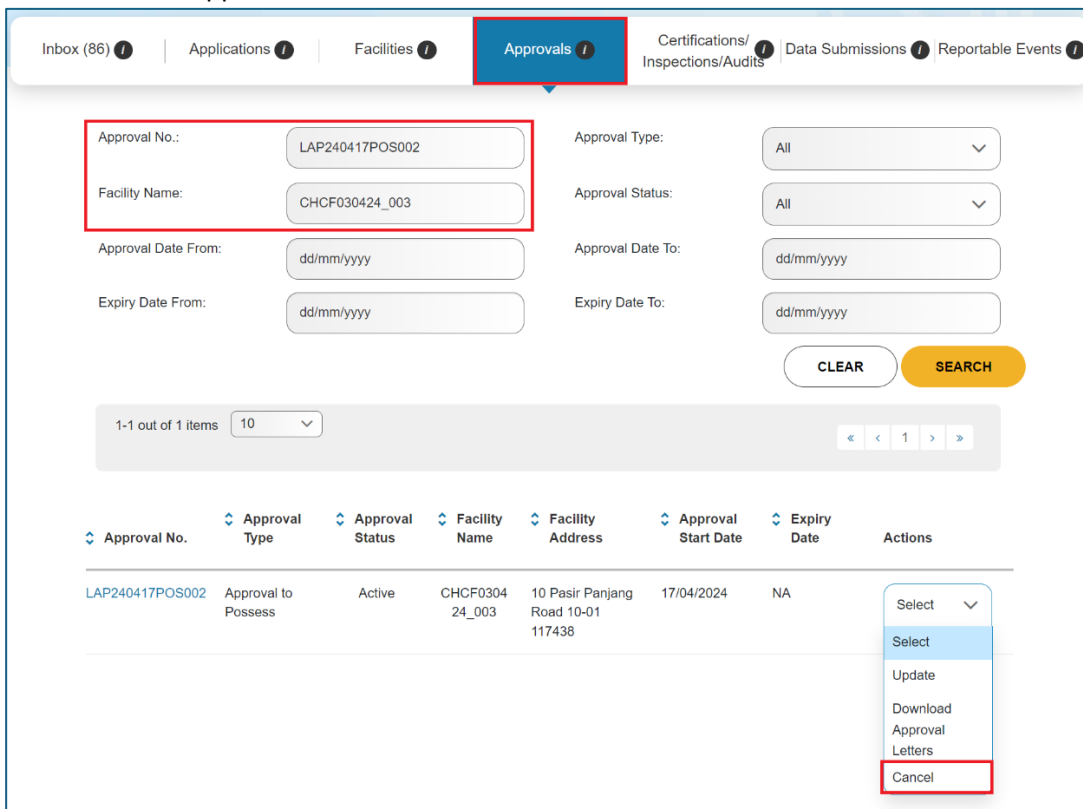
1. From the **Dashboard**, hover over **eServices**, hover over the **Application** menu and click **Apply for Approval Cancellation**.



The screenshot shows the 'eServices' menu with three main categories: Application, Submission, and Appointment. The 'Application' category is highlighted with a red box. Within the 'Application' category, the 'Apply for Approval Cancellation' option is also highlighted with a red box.

Application	Submission	Appointment
Apply for Facility Registration	Edit Draft Application	
Apply for Approval	Withdraw Application	
Apply for Facility Renewal	Update Facility Information	
Apply for Approval Cancellation	Update Approval Information	
Apply for Facility Deregistration		

2. System will redirect to the **Approvals** tab. Click **Cancel** from the **Actions** dropdown for the desired approval.



The screenshot shows the 'Approvals' tab in the system. The 'Approvals' tab is highlighted with a red box. Below the tab, there are search filters for Approval No., Facility Name, Approval Date, and Expiry Date. The 'Approval No.' and 'Facility Name' fields are highlighted with a red box. Below the filters, there are 'CLEAR' and 'SEARCH' buttons. Below the buttons, there is a table of approvals. The table has columns for Approval No., Approval Type, Approval Status, Facility Name, Facility Address, Approval Start Date, Expiry Date, and Actions. The first row of the table is highlighted with a red box. The 'Actions' dropdown menu for the first row is open, and the 'Cancel' option is highlighted with a red box.

Search filters:

- Approval No.: LAP240417POS002
- Facility Name: CHCF030424_003
- Approval Date From: dd/mm/yyyy
- Expiry Date From: dd/mm/yyyy
- Approval Type: All
- Approval Status: All
- Approval Date To: dd/mm/yyyy
- Expiry Date To: dd/mm/yyyy

Buttons: CLEAR, SEARCH

Table:

Approval No.	Approval Type	Approval Status	Facility Name	Facility Address	Approval Start Date	Expiry Date	Actions
LAP240417POS002	Approval to Possess	Active	CHCF030424_003	10 Pasir Panjang Road 10-01 117438	17/04/2024	NA	<div>Select Select Update Download Approval Letters Cancel</div>

3. System will redirect to the **Cancellation Form**. Click **SAVE AS DRAFT** at any point to save progress (refer to *MOH HALP Internet - Facility User Guide Part 2.1 Section 2* for the steps to retrieve a saved draft and resume working on it).

Note: The data fields requiring input are the same for all cancellations even though the view-only contents displayed may differ depending on the approval selected for cancellation.

Cancellation Form

You are submitting an application to cancel the following approval (**Approval No.LAP240417POS002**)

Facility Name	CHCF030424_003
Facility Address	10 Pasir Panjang Road 10-01 117438
Approval Type	Approval to Possess
Name of Biological Agent/Toxin	AKABANE VIRUS
Approval Status	Active
Note	Please ensure that: (1) stocks of the biological agent and/or toxin have been destroyed or transferred to a facility with the requisite approval to possess before the submission of application for cancellation of approval; and (2) the relevant notifications related to inventory, e.g. Notification of Transfer, Notification of Complete Destruction and/or Disposal, have been submitted.

Physical possession of Biological Agent/Toxin in the facility

List of Associated Approval(s)

Note: Please ensure that:
(1) stocks of the biological agent and/or toxin have been destroyed or transferred to a facility with the requisite approval to possess before the submission of application for cancellation of approval; and
(2) the relevant notifications related to inventory, e.g. Notification of Transfer, Notification of Complete Destruction and/or Disposal, have been submitted.

S/N	Approval Type	Name of Biological Agent/Toxin	Approval Status	Physical possession of Biological Agent/Toxin in the facility
1	Approval to Possess	AKABANE VIRUS	Active	No
2	Approval to Large Scale Produce	AKABANE VIRUS	Active	N/A

Reason for cancellation *

Please Select

Remarks

Others

- 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 uploaded document

Attachment

UPLOAD

Note: Please attach supporting documents related to the transfer, destruction and/or disposal of stock inventory of the biological agent/toxin

Requirements for cancellation of approval

- The facility no longer possesses, stores or conducts work activities involving the First and/or Second Schedule biological agent and/or Fifth Schedule toxin. All inventory of the First and/or Second Schedule biological agent and/or Fifth Schedule toxin have been transferred to a facility with the requisite approval to possess or disposed of in accordance with the Biological Agents and Toxins Act and other applicable regulatory requirements.
- The relevant Notification of Transfer, Notification of Export and/or Notification of Complete Disposal, have been submitted.
- Evidence or records of complete disposal of the First and/or Second Schedule biological agent and/or Fifth Schedule toxin shall be provided as supporting documents with this submission, where applicable.

I, hereby declare and agree, all of the following:

☐ My facility meets the relevant requirements listed above for the cancellation of the approval indicated in the Cancellation Form.

☐ All the information provided in this application is true and accurate.

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

4. **Select the Reason for cancellation.** If **Others** is selected under **Reason for cancellation**, fill in **Remarks**. Click **UPLOAD** to upload the relevant **Supporting Document**.

List of Associated Approval(s)

Note:

Please ensure that:
(1) stocks of the biological agent and/or toxin have been destroyed or transferred to a facility with the requisite approval to possess before the submission of application for cancellation of approval; and
(2) the relevant notifications related to inventory, e.g. Notification of Transfer, Notification of Complete Destruction and/or Disposal, have been submitted.

S/N	Approval Type	Name of Biological Agent/Toxin	Approval Status	Physical possession of Biological Agent/Toxin in the facility
1	Approval to Possess	AKABANE VIRUS	Active	No
2	Approval to Large Scale Produce	AKABANE VIRUS	Active	N/A

Reason for cancellation *

Please Select

Remarks

Others

- 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 uploaded document

Attachment

UPLOAD

Note: Please attach supporting documents related to the transfer, destruction and/or disposal of stock inventory of the biological agent/toxin

5. **Verify that the Requirements for cancellation of approval have been met. Mark the checkboxes for the declarations and click NEXT.**

Requirements for cancellation of approval

1. The facility no longer possesses, stores or conducts work activities involving the First and/or Second Schedule biological agent and/or Fifth Schedule toxin. All inventory of the First and/or Second Schedule biological agent and/or Fifth Schedule toxin have been transferred to a facility with the requisite approval to possess or disposed of in accordance with the Biological Agents and Toxins Act and other applicable regulatory requirements.

2. The relevant Notification of Transfer, Notification of Export and/or Notification of Complete Disposal, have been submitted.

3. Evidence or records of complete disposal of the First and/or Second Schedule biological agent and/or Fifth Schedule toxin shall be provided as supporting documents with this submission, where applicable.

I, hereby declare and agree, all of the following:

☐ My facility meets the relevant requirements listed above for the cancellation of the approval indicated in the Cancellation Form.

☐ All the information provided in this application is true and accurate.

[< Back](#)

SAVE AS DRAFT

NEXT

6. Review the information provided in the application. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

Cancellation Form

You are submitting an application to cancel the following approval (Approval No.LAP240417POS002)

Facility Name

CHCF030424_003

Facility Address

10 Pasir Panjang Road 10-01 117438

Approval Type

Approval to Possess

Name of Biological Agent/Toxin

AKABANE VIRUS

Approval Status

Active

Note

Please ensure that:
(1) stocks of the biological agent and/or toxin have been destroyed or transferred to a facility with the requisite approval to possess before the submission of application for cancellation of approval; and
(2) the relevant notifications related to inventory, e.g. Notification of Transfer, Notification of Complete Destruction and/or Disposal, have been submitted.

Physical possession of Biological Agent/Toxin in the facility

List of Associated Approval(s)

Note:

Please ensure that:
(1) stocks of the biological agent and/or toxin have been destroyed or transferred to a facility with the requisite approval to possess before the submission of application for cancellation of approval; and
(2) the relevant notifications related to inventory, e.g. Notification of Transfer, Notification of Complete Destruction and/or Disposal, have been submitted.

S/N	Approval Type	Name of Biological Agent/Toxin	Approval Status	Physical possession of Biological Agent/Toxin in the facility
1	Approval to Possess	AKABANE VIRUS	Active	No
2	Approval to Large Scale Produce	AKABANE VIRUS	Active	N/A

Reason for cancellation *

No work involving the biological agent and/or toxin

Remarks

Sample Remarks

Attachments

[Example Form A.docx](#) Declaration: Facility Deregistration

Requirements for cancellation of approval

1. The facility no longer possesses, stores or conducts work activities involving the First and/or Second Schedule biological agent and/or Fifth Schedule toxin. All inventory of the First and/or Second Schedule biological agent and/or Fifth Schedule toxin have been transferred to a facility with the requisite approval to possess or disposed of in accordance with the Biological Agents and Toxins Act and other applicable regulatory requirements.

2. The relevant Notification of Transfer, Notification of Export and/or Notification of Complete Disposal, have been submitted.

3. Evidence or records of complete disposal of the First and/or Second Schedule biological agent and/or Fifth Schedule toxin shall be provided as supporting documents with this submission, where applicable.

I, hereby declare and agree, all of the following:

☐ My facility meets the relevant requirements listed above for the deregistration of the facility indicated in the Deregistration Form.

☐ All the information provided in this application is true and accurate.

< Back

SAVE AS DRAFT

SUBMIT

7. Upon successful submission, 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.

Approval Cancellation

Your submission is successful.

LAP240417POS002 - Approval to Possess

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

Application Number	Date & Time
X240507POS003	07/05/2024 15:06:27

PRINTHOME

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Inbox (86)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.: X240507POS003

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 > >>

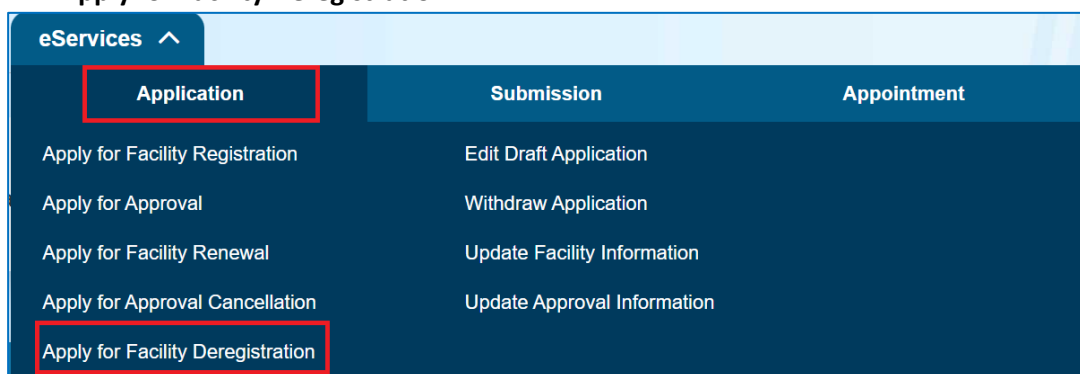
Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
X240507POS003	CHCF030424_003	Cancellation	Approval to Possess	Pending MOH	07/05/2024 15:06:27	Select

8. APPLY FOR FACILITY DEREGISTRATION

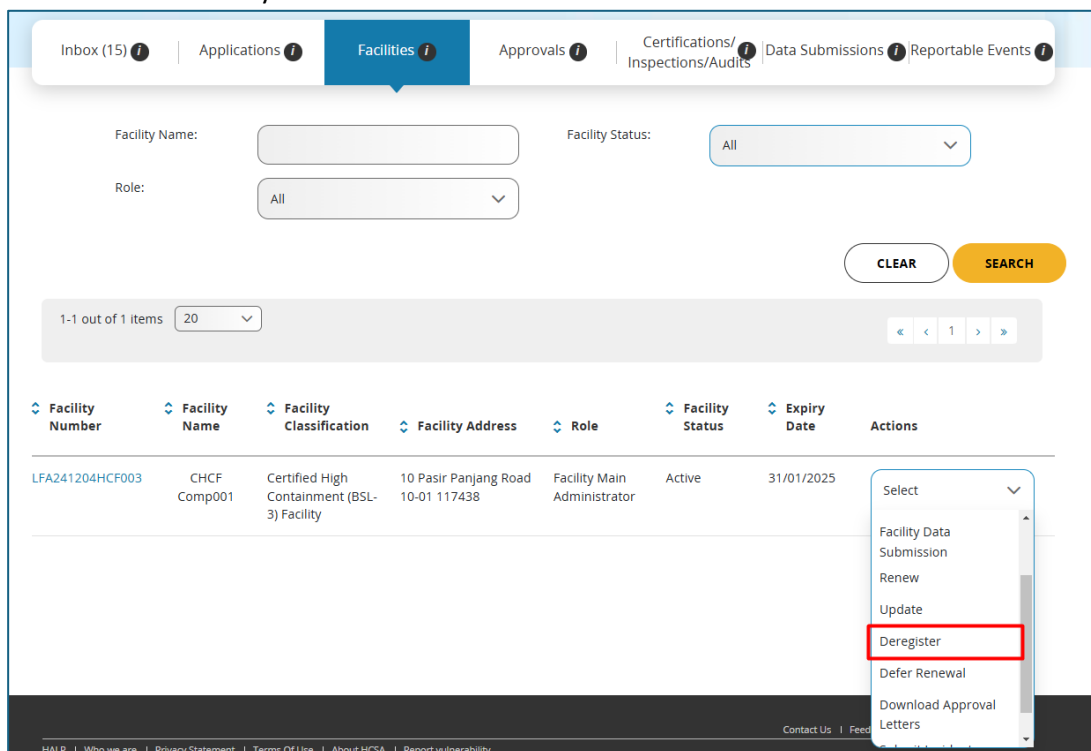
This section describes the steps to apply for deregistration of a Facility. The Facility Administrator shall ensure that the following conditions are met prior to submitting the application for facility deregistration:

- a. There are no ongoing applications for the facility intended for deregistration.
- b. All tasks requiring response from the Facility have been responded to or are withdrawn.
- c. The Facility has completed the transfer or disposal of all inventories of biological agents and toxins.
- d. The facility status is “Active”, “Suspended (pending renewal)”, “Suspended (conditional inventory movement)” or “Suspended(others)”.

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



2. System will redirect to the **Facilities** tab. Click **Deregister** from the **Actions** dropdown for the desired facility.



3. System will redirect to the **Deregistration Form**. Click **SAVE AS DRAFT** at any point to save progress (*refer to MOH HALP Internet - Facility User Guide Part 2.1 Section 2 for the steps to retrieve a saved draft and resume working on it*).

Deregistration Form

You are submitting an application to deregister the following approved facility (**Facility No.LFA241204HCF003**)

Facility Name	CHCF Comp001
Facility Address	10 Pasir Panjang Road 10-01 117438
Facility Classification	Certified High Containment (BSL-3) Facility
Facility Status	Active
Reason for deregistration *	<div>Please Select</div>
Remarks	<div></div>

Others

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

Attachment *

UPLOAD

Note: Please attach supporting documents related to the transfer, destruction and/or disposal of stock inventory of the biological agent/toxin; decontamination of the facility; degazette as a Protected Place, as applicable.

List of Associated Approval(s)

The following existing approvals granted to the facility will be cancelled upon successful deregistration

Approval 1

Facility Activity Type Possession of First and/or Second Schedule Biological Agent

Approval 2

Facility Activity Type Possession of Fifth Schedule Toxin

Approval 3

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

Approval 4

Facility Activity Type Handling of non-First Schedule Poliovirus Infectious Materials

Approval 5

Approval Type Approval to Possess

Schedule First Schedule Part I

Name of Biological Agent/Toxin AKABANE VIRUS

Physical Possession (Initial State) No

Approval 6

Approval Type Approval to Possess

Schedule Fifth Schedule

Name of Biological Agent/Toxin HT-2 TOXIN

Quantity of Toxin (Initial) 10000 microgram

Quantity of Toxin * (Updated)

Please Select

Approval 7

Approval Type Special Approval to Handle

Schedule Second Schedule

Name of Biological Agent/Toxin 1918 PANDEMIC INFLUENZA VIRUS

Physical Possession (Initial State) No

Approval 8

Approval Type Approval to Large Scale Produce

Schedule First Schedule Part I

Name of Biological Agent/Toxin AKABANE VIRUS

Physical Possession (Initial State) No

Requirements for deregistration of facility**Facility Activity Type: Possession of First and/or Second Schedule Biological Agent**

1. The facility no longer possesses, stores or conducts work activities involving any First or Second Schedule biological agent(s).
2. All active Approval to Possess biological agent(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility. A facility with active Approval to Possess biological agent(s), shall provide evidence or records of complete destruction of the biological agent(s) as supporting documents with this submission.
3. The facility has been successfully decontaminated and the decontamination report is provided as supporting documents with this submission.
4. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving First or Second Schedule biological agent(s) in future.

Facility Activity Type: Possession of Fifth Schedule Toxin

1. The facility no longer possesses, stores or conducts work activities involving any Fifth Schedule toxin(s).
2. All active Approval to Possess Fifth Schedule toxin(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility. A facility with active Approval to Possess toxin(s), shall provide evidence or records of complete destruction of the toxin(s) as supporting documents with this submission.
3. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving Fifth Schedule toxin(s) in future.

Facility Activity Type: Large-scale Production of First and/or Third Schedule Biological Agent

1. The facility has permanently terminated all activities involving large-scale production of biological agent(s).
2. All active Approval to Large-Scale Produce biological agent(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility.
3. The facility shall re-register with MOH and obtain the necessary approvals before conducting any activities involving large-scale production of biological agent(s) in future.

Facility Activity Type: Handling of Non-First Schedule Poliovirus Infectious Materials

1. The facility no longer possesses, stores or conducts work activities involving any Non-First Schedule poliovirus infectious materials.
2. The facility shall provide evidence or records of complete destruction of the Non-First Schedule poliovirus infectious materials as supporting documents with this submission.
3. The facility has been successfully decontaminated and the decontamination report is provided as supporting documents with this submission.
4. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving poliovirus infectious materials in future.

I, hereby declare and agree, all of the following:

- ☐ My facility meets the relevant requirements listed above for the deregistration of the facility indicated in the Deregistration Form.
- ☐ My facility has been successfully degazetted as a Protected Place (gazette order included as supporting documents with this submission).
- ☐ All the information provided in this application is true and accurate.

[< Back](#)

SAVE AS DRAFT

NEXT

4. **Select the Reason for deregistration.** If **Others** is selected under **Reason for deregistration**, fill in **Remarks**. Click **UPLOAD** to upload the required **Supporting Documents**.

Deregistration Form

You are submitting an application to deregister the following approved facility (**Facility No.LFA241204HCF003**)

Facility Name	CHCF Comp001
Facility Address	10 Pasir Panjang Road 10-01 117438
Facility Classification	Certified High Containment (BSL-3) Facility
Facility Status	Active

Reason for deregistration *

Please Select

Remarks

Others

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

Attachment *

UPLOAD

Note: Please attach supporting documents related to the transfer, destruction and/or disposal of stock inventory of the biological agent/toxin; decontamination of the facility; degazette as a Protected Place, as applicable.

5. **Review the List of Associated Approval(s)** along with their **Physical Possession** status and select **Yes** or **No** where applicable, to update the inventory information.

*Note: To proceed, the physical possession of all biological agents must be **No**, and the quantity for all toxins must be **0**.*

List of Associated Approval(s)	
The following existing approvals granted to the facility will be cancelled upon successful deregistration	
Approval 1	
Facility Activity Type	Possession of First and/or Second Schedule Biological Agent
Approval 2	
Facility Activity Type	Possession of Fifth Schedule Toxin
Approval 3	
Facility Activity Type	Large-Scale Production of First and/or Third Schedule Biological Agent
Approval 4	
Facility Activity Type	Handling of non-First Schedule Poliovirus Infectious Materials
Approval 5	
Approval Type	Approval to Possess
Schedule	First Schedule Part I
Name of Biological Agent/Toxin	AKABANE VIRUS
Physical Possession (Initial State)	No
Approval 6	
Approval Type	Approval to Possess
Schedule	Fifth Schedule
Name of Biological Agent/Toxin	HT-2 TOXIN
Quantity of Toxin (Initial)	10000 microgram
Quantity of Toxin * (Updated)	<input type="text" value="0"/>
Unit of Measurement *	<input type="text" value="microgram"/>
Approval 7	
Approval Type	Special Approval to Handle
Schedule	Second Schedule
Name of Biological Agent/Toxin	1918 PANDEMIC INFLUENZA VIRUS
Physical Possession (Initial State)	No
Approval 8	
Approval Type	Approval to Large Scale Produce
Schedule	First Schedule Part I
Name of Biological Agent/Toxin	AKABANE VIRUS
Physical Possession (Initial State)	No

6. **Verify that the Requirements for Deregistration of Facility have been met.**

Requirements for deregistration of facility

Facility Activity Type: Possession of First and/or Second Schedule Biological Agent

1. The facility no longer possesses, stores or conducts work activities involving any First or Second Schedule biological agent(s).
2. All active Approval to Possess biological agent(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility. A facility with active Approval to Possess biological agent(s), shall provide evidence or records of complete destruction of the biological agent(s) as supporting documents with this submission.
3. The facility has been successfully decontaminated and the decontamination report is provided as supporting documents with this submission.
4. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving First or Second Schedule biological agent(s) in future.

Facility Activity Type: Possession of Fifth Schedule Toxin

1. The facility no longer possesses, stores or conducts work activities involving any Fifth Schedule toxin(s).
2. All active Approval to Possess Fifth Schedule toxin(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility. A facility with active Approval to Possess toxin(s), shall provide evidence or records of complete destruction of the toxin(s) as supporting documents with this submission.
3. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving Fifth Schedule toxin(s) in future.

Facility Activity Type: Large-scale Production of First and/or Third Schedule Biological Agent

1. The facility has permanently terminated all activities involving large-scale production of biological agent(s).
2. All active Approval to Large-Scale Produce biological agent(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility.
3. The facility shall re-register with MOH and obtain the necessary approvals before conducting any activities involving large-scale production of biological agent(s) in future.

Facility Activity Type: Handling of Non-First Schedule Poliovirus Infectious Materials

1. The facility no longer possesses, stores or conducts work activities involving any Non-First Schedule poliovirus infectious materials.
2. The facility shall provide evidence or records of complete destruction of the Non-First Schedule poliovirus infectious materials as supporting documents with this submission.
3. The facility has been successfully decontaminated and the decontamination report is provided as supporting documents with this submission.
4. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving poliovirus infectious materials in future.

7. **Mark the checkboxes for the declarations and click NEXT.**

I, hereby declare and agree, all of the following:

☐ My facility meets the relevant requirements listed above for the deregistration of the facility indicated in the Deregistration Form.

☐ My facility has been successfully degazetted as a Protected Place (gazette order included as supporting documents with this submission).

☐ All the information provided in this application is true and accurate.

[SAVE AS DRAFT](#) [NEXT](#)

8. Review the information provided in the application. Click **SAVE AS DRAFT** to save progress. Click **SUBMIT** to submit the application.

Deregistration Form

You are submitting an application to deregister the following approved facility (**Facility No.LFA241204HCF003**)

Print

Facility Name	CHCF Comp001
Facility Address	10 Pasir Panjang Road 10-01 117438
Facility Classification	Certified High Containment (BSL-3) Facility
Facility Status	Active
Reason for deregistration	Moving to a different location
Remarks	move to a different location
Attachments	FormA.png Declaration: Facility Deregistration

List of Associated Approval(s)

S/N	Facility Activity Type	Approval Type	Name of Biological Agent/Toxin	Physical Possession	Quantity of Toxin	PV IM/PIM
1	Possession of First and/or Second Schedule Biological Agent	Approval for Facility Activity Type	N/A	N/A	N/A	N/A
2	Possession of Fifth Schedule Toxin	Approval for Facility Activity Type	N/A	N/A	N/A	N/A
3	Large-Scale Production of First and/or Third Schedule Biological Agent	Approval for Facility Activity Type	N/A	N/A	N/A	N/A
4	Handling of non-First Schedule Poliovirus Infectious Materials	Approval for Facility Activity Type	N/A	N/A	N/A	N/A
5	Possession of First and/or Second Schedule Biological Agent	Approval to Possess	AKABANE VIRUS	No	N/A	N/A
6	Possession of Fifth Schedule Toxin	Approval to Possess	HT-2 TOXIN	N/A	0 microgram	N/A
7	Possession of First and/or Second Schedule Biological Agent	Special Approval to Handle	1918 PANDEMIC INFLUENZA VIRUS	No	N/A	N/A
8	Large-Scale Production of First and/or Third Schedule Biological Agent	Approval to Large Scale Produce	AKABANE VIRUS	No	N/A	N/A

Requirements for deregistration of facility

Facility Activity Type: Possession of First and/or Second Schedule Biological Agent

1. The facility no longer possesses, stores or conducts work activities involving any First or Second Schedule biological agent(s).
2. All active Approval to Possess biological agent(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility. A facility with active Approval to Possess biological agent(s), shall provide evidence or records of complete destruction of the biological agent(s) as supporting documents with this submission.
3. The facility has been successfully decontaminated and the decontamination report is provided as supporting documents with this submission.
4. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving First or Second Schedule biological agent(s) in future.

Facility Activity Type: Possession of Fifth Schedule Toxin

1. The facility no longer possesses, stores or conducts work activities involving any Fifth Schedule toxin(s).
2. All active Approval to Possess Fifth Schedule toxin(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility. A facility with active Approval to Possess toxin(s), shall provide evidence or records of complete destruction of the toxin(s) as supporting documents with this submission.
3. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving Fifth Schedule toxin(s) in future.

Facility Activity Type: Large-scale Production of First and/or Third Schedule Biological Agent

1. The facility has permanently terminated all activities involving large-scale production of biological agent(s).
2. All active Approval to Large-Scale Produce biological agent(s) have been cancelled, or shall be revoked by MOH with the deregistration of the facility.
3. The facility shall re-register with MOH and obtain the necessary approvals before conducting any activities involving large-scale production of biological agent(s) in future.

Facility Activity Type: Handling of Non-First Schedule Poliovirus Infectious Materials

1. The facility no longer possesses, stores or conducts work activities involving any Non-First Schedule poliovirus infectious materials.
2. The facility shall provide evidence or records of complete destruction of the Non-First Schedule poliovirus infectious materials as supporting documents with this submission.
3. The facility has been successfully decontaminated and the decontamination report is provided as supporting documents with this submission.
4. The facility shall re-register with MOH and obtain the necessary approvals before possessing, storing or conducting any work activities involving poliovirus infectious materials in future.

I, hereby declare and agree, all of the following:

☐ My facility meets the relevant requirements listed above for the deregistration of the facility indicated in the Deregistration Form.

☐ My facility has been successfully degazetted as a Protected Place (gazette order included as supporting documents with this submission).

☐ All the information provided in this application is true and accurate.

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

9. Upon successful submission, 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**.

Facility Deregistration

Your submission is successful.

LFA241204HCF003 - CHCF Comp001

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

Application Number	Date & Time
D241219HCF001	19/12/2024 15:33:02

[PRINT](#) [HOME](#)

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

Note: Application status will be updated to Approved or Rejected after completion of processing by MOH.

Inbox (28)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

D241219HCF001

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

20

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1

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Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
D241219HCF001	CHCF Comp001	Deregistration	Facility Registration	Pending MOH	19/12/2024 15:33:02	<div>Select</div>