

Cannabis Research Permit Application

Directions

- Submit the completed form via email to Nancy.delcellier@carleton.ca
- In the event of insufficient space, please attach additional pages labelled with the applicable section number.

1. General Information

Proposed start date: _____

Expected completion date: _____

2. Principal Investigator

Principal Investigator: _____

Department: _____

Phone: _____

E-mail: _____

3. Research Summary

Title(s)

Research type:

Select all that apply

Analysis/assessment

Growing conditions

Horticultural practices

Research with human participants. If yes provide REB approval number:

Human clinical trials. If yes, include No Objection Letter issued by Health Canada.

Research with human participants is not considered clinical trials e.g. assessment of taste, sight, smell or touch

In-vitro

In-vivo (animal research). If yes provide AUP number: _____

Animal research is a veterinary clinical trial. If yes, include Experimental Study Certificate issued by Health Canada

- Animal research is not a veterinary clinical trial.
- Plant genetics
- Plant breeding
- Processing practices
- Pest control
- This project involves cultivation, growth and/or propagation

- This project involves synthesis of cannabinoids
- This project involves production of cannabis products
- This project involves teaching activities
- Other. Please describe:

Using plain language, please provide an overview of the research program.

Objectives/Intent

Description of Project including Methodology <i>If growth, propagation or cultivation is involved, include a description of odour control strategies.</i>

4. Personnel

a) Designate: _____

The Designate must be a faculty member, professional staff member or a senior technician. Graduate students may not be named as Designates.

Designate(s) in absence of PI: _____

Department: _____

Phone: _____

E-mail: _____

Access required? Y / N

b) Investigative Personnel: _____

I confirm that all personnel involved in the work described in this application are at least 19 years old.

I confirm that I and all personnel involved in this work have completed training in Cannabis Research and that new personnel will only be permitted to begin work upon completion of this training.

5. Other Approvals

This project involves the use of radioisotopes: No Yes. If yes, provide permit #:

This project involves the use of biohazards (microorganisms): No Yes. If yes, provide permit #:

6. Cannabis Materials

Select one of the following:

This project involves the use of approved cultivars of industrial hemp only (i.e. THC concentration 0.3% or less THC in leaves or flowering heads)

This project involves the use of cultivars of industrial hemp only. Cultivars are not approved.

This project involves the use of cannabis that is not classified as industrial hemp.

Source

Sources of cannabis must be from a legal source.

The cannabis will be obtained from a licensed source in Canada (e.g. licensed retailer, licensed cultivator, licensed processor).

The cannabis will be imported under a Health Canada import permit as well as CFIA import permit if required.

Cannabis Material	Maximum quantity at any one time	Maximum quantity annually	Units	Equivalent dry weight cannabis	Description
THC			g		
CBD			g		
Plants (for growth/ cultivation including tissue culture)			Growth area in m ²		
Fresh plant material (for processing, analysis, assessment etc. not already accounted for above)			g		
Dried Cannabis			g		
Oils/ extracts/ concentrates (>3% THC by weight)			g or ml		
Edibles. Describe including concentration or amount of THC			g		
Seeds			Number of seeds		
Other phyto-cannabinoids not listed above			g		

7. Location

Please provide information regarding all work locations that will be required for this project. Note that only buildings included in the University's license are included in the dropdown menu. Buildings are named as per the Physical Resources list of buildings and are listed in order of their building number.

Project Sites

Building	Room Number	Purpose/ Type (e.g. lab, growth, storage, animal holding, other)	Cannabis Research Security Level (determined by the quantity and activity outlined above)

Security Measures

Physical security measures that will be taken to prevent unauthorized access (check all that apply):

Laboratory

- Applicable**
- Not applicable**
- Lab remains locked when not occupied
- Access restricted. Access by key.
- Access restricted. E-access (key card or fob access). Access records maintained
- Unsupervised access restricted to only those involved in the project
- Room monitored for intrusion via audible alarm
- Intrusion detection alarm monitored remotely via Campus Safety Services
- Monitored via video surveillance Laboratory continued
- Intrusion detection system includes door sensors
- Intrusion detection system includes motion detection
- Other? Describe: _____

Greenhouse

Applicable

Not applicable

- Greenhouse remains locked when not occupied
- Access restricted. Access by key.
- Access restricted. E-access (key card or fob access). Access records maintained
- Unsupervised access restricted to only those involved in the project
- Greenhouse monitored for intrusion via audible alarm
- Intrusion detection alarm monitored remotely via Campus Safety Services
- Monitored via video surveillance
- Intrusion detection system includes door sensors
- Intrusion detection system includes motion detection
- Other? Describe: _____

Growth chamber

Applicable

Not applicable

- Growth chamber remains locked when not occupied
- Access restricted. Access by key.
- Access restricted. E-access (key card or fob access). Access records maintained
- Unsupervised access restricted to only those involved in the project
- Growth chamber monitored for intrusion via audible alarm
- Alarm monitored remotely via Campus Safety Services
- Monitored via video surveillance

Storage

- Lock box
- Locked cabinet, refrigerator or freezer
- Safe
- Cabinet, refrigerator, freezer or safe secured to the wall or floor
- Dedicated locked storage room
- Monitored for intrusion via audible alarm
- Intrusion detection alarm monitored remotely via Campus Safety Services
- Monitored via video surveillance
- Intrusion detection system includes motion detection
- Access to storage location restricted to only those involved in the project
- Access to storage location restricted to PI and designate
- Records of access to storage location maintained
- Other. Describe: _____

Other security measures

- Additional /alternate physical measures used (if any).

Describe:

Transfer

Please provide information regarding any anticipated transfers of materials to individuals not listed on the application. With very limited exceptions, all cannabis materials must be destroyed at the end of the project. Note that all transfers must be appropriately documented within the inventory and approved in advance.

Name of the Institute or organization: _____

Name of contact: _____

Purpose: _____

Health Canada License #: _____

8. Destruction and Waste Management

I confirm that the SOP for destruction of cannabis wastes will be included with the submission of this application.

Waste Management Cannabis materials are to be destroyed prior to disposal using a method approved by Health Canada as part of the University's Cannabis Research License. For each type of material, specify means of destruction to be used.

Type of Material	Autoclaved and mixed with soil and/or culture materials	Ground and mixed with at least equal parts other materials	Mixed with Liquid soap and solid absorbent	Not applicable
Plant Material				
Seeds				
Oil/ extracts/ concentrates				
Cannabinoids				
Other, specify				

9. Inventory Recordkeeping

Strict ongoing inventories of cannabis materials must be maintained to ensure compliance with the University's Cannabis Research License. These must be available for inspection upon request.

I understand my responsibility to ensure that all inventory maintenance procedures are adhered to within this project.

Record Type	Location of Record	Form (electronic or hardcopy)
Receipt		
Usage		
Transfer		
Destruction/ disposal		
Access to storage		
Other		

10. Principal Investigator's Certification

I certify that the information provided in this application form is accurate and that any changes will be submitted for approval prior to initiation.

I agree to follow all University Cannabis Research program and procedures as applicable to my project.

I accept responsibility for training of all research, facility and support personnel involved in work described in this application.

I accept responsibility for safeguarding the cannabis from loss, theft or unauthorized access.

Signature, Principal Investigator and Date

Signature, Chair/Director and Date

11. Approval

Signature, Director, Environmental Health and Safety and Date

For Administrative Use Only

APPROVAL NUMBER:

EXPIRY DATE:

APPROVAL CONDITIONS: