

# Non Registered Facility Report Temporary Handling or Disposal of an SSBA

Release Date: July 2019

**Please complete this form if you are NOT REGISTERED to handle SSBAs and are undertaking a TEMPORARY HANDLING or DISPOSAL of a known SSBA.**

A temporary handling must only be for seven (7) working days or less.

If you are reporting handling a **suspected SSBA** or the **outcome of a confirmatory test**, including reporting confirmation of the sample as an SSBA, please use the *Non Registered Report for Suspected SSBAs and Confirmatory Testing Results*.

## Introduction

The *National Health Security Act 2007* allows entities to handle **known**<sup>1</sup> SSBAs on a temporary basis (seven working days or less). Following the handling, the entity must dispose of the SSBA, through complete transfer or destruction, and report the disposal to the Department of Health (Health). During this time, the SSBA must be handled according to Part 10 of the SSBA Standards.

If you are required to continue handling the SSBA for longer than the designated seven working days (for example, to complete testing on the SSBA), you must apply to Health for an extension prior to the end of the temporary handling period. You can apply for an extension by completing the *Application for Extension* section in this form. If this request is granted you must dispose of the SSBA at the end of the extended time period and report the disposal to Health within two business days after it has occurred.

If an extension is not requested or is not granted and you intend to continue to handle the SSBA, at the end of the temporary handling period you must apply to register to handle the SSBA using the *Initial Registration* form.

**Note:** *These new requirements do not affect the handling of suspected SSBAs, including an entity receiving a positive confirmatory test result from a previously suspected SSBA. These agents must continue to be handled under Division 4A of the NHS Act and Parts 9 and 9A of the SSBA Standards. These handlings should be reported to Health on the Suspected SSBAs and Confirmatory Testing Results form.*

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<sup>1</sup> A known SSBA is one that has been confirmed by laboratory testing before being transferred into your facility.

### **Providing information to Health**

The information you provide to Health is mandated by the *National Health Security Act 2007* and will be included on the National Register of Security Sensitive Biological Agents.

It is important to answer all questions and to provide accurate information. If the information you provide is incorrect or incomplete, Health may require you to provide additional information. This may cause delays.

### **Privacy**

Personal information supplied to Health is handled according to the requirements of the *Privacy Act 1988*.

### **Application Authorisation**

Please ensure that the person completing this form holds the appropriate authority to submit this application on the behalf of the entity or facility.

### **Instructions on completing this form**

This document allows electronic entry of information into the required fields. It is recommended that, where possible, this form should be completed on a computer and a copy printed, signed and sent to Health.

All questions are mandatory unless otherwise stated and must be completed. If the space provided in each field is not sufficient to complete your answer, please include any additional information in an attachment with the information clearly marked as to which question it relates to.

Please ensure you retain a copy of this completed form as Health is unable to provide copies of submitted documents.

### **Lodgement**

To lodge this form via post you will need to use an opaque envelope and post using Australia Post's Registered Mail service. You are considered to have submitted the report at the date and time shown on the registered post receipt.

**Please do not email or fax forms to Health as these cannot be accepted.**

Please submit all postal applications to:

The Director  
Health Emergency Planning, Security and Laboratories Section  
Department of Health  
MDP 140, GPO Box 9848  
Canberra ACT 2601

Once Health has received the form, you will be provided with a confirmation of receipt.

### **Further Information**

Please use your facility registration number to refer to any matters relating to your facility.

If you have any queries about this form please contact the SSBA Regulatory Scheme:

Telephone: (02) 6289 7477

Email: [ssba@health.gov.au](mailto:ssba@health.gov.au)

## PART 1: ENTITY AND FACILITY DETAILS

If you have a facility reference number, please complete this section and move to Part 3.

Reference Number.	
Facility number <i>(if known)</i>	
Entity name	
Facility name	

## PART 2: ENTITY AND FACILITY DETAILS

If you do not have a facility reference number please complete the details below.

Section 2.1: Entity Details	
Full name of entity <i>(legal name)</i>	
Entity trading name <i>(if different)</i>	
ABN	
ACN <i>(if applicable)</i>	
Australian Registered Body Number <i>(if applicable)</i>	
Section 2.2: Entity Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Section 2.3: Entity Postal Address (if different from above)	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Section 2.4: Entity Contact Details	
Telephone number	
Email address	

<b>Section 2.5: Facility Details</b>	
Facility name	
Room number/s <i>(if applicable)</i>	
Level/floor <i>(if applicable)</i>	
Building name <i>(if applicable)</i>	
<b>Section 2.6: Facility Physical Address</b>	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
<b>Section 2.7: Facility Postal Address (if different from above)</b>	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
<b>Section 2.8: Contact Details of person responsible for the facility</b>	
Title <i>(e.g. Dr, Mr, Ms etc)</i>	
First name	
Middle name	
Last name	
Telephone number	
Facsimile number	
Email address	

## PART 3: SSBA HANDLING DETAILS

Please complete the details for the SSBA

<b>Section 3.1: SSBA Details</b>	
SSBA details	
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
<b>Section 3.2: Origin of the SSBA</b>	
Received from	
Received date	
Reason for receipt <i>E.g.: diagnostics, antibiotic sensitivity testing etc.</i>	
<b>Section 3.3: Handling of the SSBA</b>	
What have you done/intend to do with the SSBA?	Handle <input type="checkbox"/> <i>If you intend to continue to handle this SSBA you must complete an Initial Registration application within <b>two</b> business days of the end of the temporary handling period. To apply for an extension of the temporary handling period, complete the question below and Part 3.4. If you intend to register, please move to Part 4.</i> Transfer <input type="checkbox"/> <i>Please note: you may both transfer a sample of the SSBA and destroy the remaining SSBA as part of the disposal process</i> Destroy <input type="checkbox"/>
Do you need to retain the SSBA for longer than seven business days prior to disposal (transfer or destruction)?	Yes <input type="checkbox"/> Please move to section 3.4 No <input type="checkbox"/> Please move to next applicable section 3.5 or 3.6
<b>Section 3.4: Application for Extension - Retain the SSBA for Longer than Seven Business Days</b>	
Why do you need to retain the SSBA for longer than seven business days?	
What date do you intend to dispose of (transfer or destroy) the SSBA?	
How do you intend to dispose of the SSBA?  <i>The SSBA must be disposed of by complete transfer or destruction of the agent at the end of the handling period. SSBAs may be disposed of by both transfer (eg to a reference laboratory) and destruction (of any remaining samples).</i>	Transfer <input type="checkbox"/> Destroy <input type="checkbox"/> <i>Please note that if an extension is granted you will need to report the complete transfer or destruction of the SSBA within <b>two</b> business days after the action has occurred or the end of the extended handling period, whichever comes first.</i>
Comments <i>(if applicable)</i>	

<b>Section 3.5: Transfer of the SSBA</b>	
Have you transferred your <u>entire</u> holding of this SSBA?	Yes <input type="checkbox"/> Please complete remaining questions in this section No <input type="checkbox"/> Please complete the remaining questions in this section AND section 3.6 explaining what you have done with the remainder of this SSBA
Date of transfer	
Receiving organisation name	
Receiving organisation address	
Receiving organisation contact name	
Receiving organisation contact telephone number	
Arrival date at receiving facility <i>(if known)</i>	
Was the transfer successful <sup>2</sup> according to the SSBA standards?	Yes <input type="checkbox"/> Move to Section 3.6 or Part 4 No <input type="checkbox"/> Please provide description in field below
<b>Lost in Transit or Unsuccessful Transfer</b>	
Please provide a brief description of what happened  <i>Mandatory reporting to law enforcement is required under the NHS Act. For further information please see Guideline 05 - Reporting to Law Enforcement or the National Security Hotline, available through our website – <a href="http://www.health.gov.au/ssba">www.health.gov.au/ssba</a></i>	
<b>Section 3.6: Destruction of the SSBA</b>	
Have you destroyed your <u>entire</u> holding of this SSBA?	Yes <input type="checkbox"/> Please complete remaining questions in this section No <input type="checkbox"/> Please complete the remaining questions in this section AND section 3.5 explaining what you have done with the remainder of this SSBA
Date of destruction	
Method of destruction	
Comments <i>(if applicable)</i>	

<sup>2</sup> A successful transfer is defined under the SSBA Standards as verification that the complete shipment of the SSBA (quantity and type), as covered by the shipment documents, has been received and that there is no evidence of tampering to the shipping container.

## PART 4: SIGNATURES

The information collected on this form may be used by the Department of Health to decide whether to vary the National Register of Security Sensitive Biological Agents (National Register). If a decision is made to vary the National Register, the information contained on this form, including personal information, will be recorded on the National Register by the Department.

The information collected on this form is authorised under the *National Health Security Act 2007* and *National Health Security Regulations 2018*. Information collected on this form may be disclosed by the Department to the Australian Security Intelligence Organisation, law enforcement agencies such as the Australian Chemical Biological Radiological and Nuclear Data Centre, the Australian Federal Police and State and Territory police forces, other agencies responsible for responding to emergencies and other specified persons. The Department is unlikely to disclose personal information to overseas recipients.

The Department has an Australian Privacy Principles (APP) privacy policy which you can read at [www.health.gov.au/internet/main/publishing.nsf/content/privacy-policy](http://www.health.gov.au/internet/main/publishing.nsf/content/privacy-policy). You can obtain a copy of the APP privacy policy by contacting the Department by telephone on (02) 6289 1555, freecall 1800 020 103 or by using the online enquiries form at [www.health.gov.au](http://www.health.gov.au).

The National Register is hosted and maintained by the Department of Home Affairs.

I declare that:

- I am duly authorised to sign this declaration on behalf of the entity associated with this facility;
- The information supplied on this form and any attachment is true and correct; and
- This entity is compliant with the SSBA Standards currently in force.

Signature	
Date	
Full name (Please print)	
Position title	
Contact telephone number	
Contact e-mail address	