

**Cessation or transfer of an activity**

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| **PLEASE READ THIS CAREFULLY**  This form documents the cessation or transfer of research activities previously notified to the Safety Department. Where necessary the Safety Department will notify the HSE, or any other licensing body, of these changes. |

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| **Principal Investigator** | | |  | **Details of person notifying the change** | | |
| Name: | | CID: |  | Name: | | CID: |
| Department/ Section: | | |  | Department/ Section: | | |
| Division: | Faculty: | |  | Division: | Faculty: | |

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| **Project summary** | | |
| Title: | | |
| Containment Level: | GM Class: N/R | RADAR Number: |
| Is the project being ceased or transferred? (select as appropriate) | Ceased  Transferred | |
| If ceasing, have all the materials associated with this project been inactivated and removed from the College premises? | Yes  No | |
| If being transferred, will this project be transferred to another PI within the College or to a different Institution? | If transferred to another PI within College, please provide the details of the new PI:  Name:       Faculty:       Campus:  If transferring to another Institution, provide the following information:  Name of the institution:  Address:  Safety Contact details:  Will samples be transferred to the institution?  Does the institution hold relevant licences to hold the samples? Provide licensing details:  Describe transport arrangements: | |

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| **PI/Person confirming the cessation/transfer of the project** | |
| Name: | Position: |
| Signature: | Date: |

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| **Safety Dept use only** | |
| Confirm which regulatory bodies related to this project have been notified | HSE (GM)  HSE (CL3)  HSE (SAPO)  APHA  CTSA  CITES  Other  Please, provide details: |
| If HSE notification was made provide: | Date:       HSE reference:       N/R |
| If ceasing the project, confirm that the project was closed on RADAR | Yes  No  N/R  If no, provide the reason: |
| If ceasing the project, confirm that any other connected activities were closed on RADAR: | Yes  No  N/R  If yes, provide details: |
| Confirm that relevant spreadsheets have been updated and the licence documentation archived | APHA  SAPO  CL3 users  N/R |
| Name: | Position: |
| Signature: | Date: |