



**CITY OF WOBURN
BIOMEDICAL OVERSIGHT COMMITTEE**

COMPANY REVIEW QUESTIONNAIRE

COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE: (): _____

Is the company currently using any of the following items:

- A. Human Tissue, Fluids or Other Specimens YES: NO:
- B. Animals YES: NO:
- C. Microbial Agents YES: NO:
- D. Recombinant DNA YES: NO:
- E. Cell Culture YES: NO:

A. HUMAN TISSUE/SAMPLES

1. Do you work with blood or body fluids? YES: NO:
If YES, please specify:

2. Do you work with organs or tissues? YES: NO:
If YES, please specify:

B. ANIMALS

1. Do you inject or otherwise treat animals with
infectious agents? YES: NO:
If YES, please specify:

2. Do you work with animal organs, blood,
body fluids or tissues?
If YES, please specify:

YES: NO:

C. MICROBIAL AGENTS

1. Agent potentially infectious to humans:

YES: NO:

IF YES, COMPLETE THE FOLLOWING SECTION FOR EACH MICROORGANISM TO BE USED IN
THE COMPANY. (Xerox this page if necessary.)

Location(s) where agent are used/handled:

Is unnatural antibiotic resistance expressed?
If YES, please specify:

YES: NO:

Largest volume of organism used is: Liter(s)

Is organism inactivated prior to other laboratory
manipulation?

YES: NO:

Is a toxin produced?
If YES, please specify:

YES: NO:

Do you work with Toxins?

YES: NO:

Specify methods of inactivation if any? Heat Chemical Radiation
Other(specify):

Specify methods of concentration: Centrifugation Precipitation Filtration
Other(specify):

What containment equipment is available – Check all that apply

- Biological Safety Cabinet?
- Date of Last Certification:
- Class 1
- Class 11
- Class 111
- Chemical Fume Hood?
- Containment Centrifuge?
- Biosafety Level Used?

D. RECOMBINANT DNA (List for each different DNA sample. Xerox the page if necessary.)

1. DNA Source(s):
2. Nature of insert/protein:
3. Vector(s):
4. Host:
5. Cell/animal/plant recipient(s):
6. Assessment of levels of physical and biological containment (check relevant sections of current NIH Guidelines.)

E. CELL CULTURES (IN VITRO)

Do you utilize cell-culturing procedures? YES: NO:
If YES, please specify Biosafety Level:

Cell Cultures of non-mammalian origin? YES: NO:
If YES, please specify:

Human Cell Lines? YES: NO:
If YES, please specify:

Animal Cell lines or primary tissue cultures? YES: NO:
If YES, please specify:



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

CERTIFICATION OF TREASURER/COLLECTOR

(MGL c.40, §57; WMC 3-24)

Office Use Only: DEPARTMENT

BOARD OF HEALTH

**** FAXES OR SIGNATURE COPIES WILL NOT BE ACCEPTED ****

NOTE - ~~ALL INFORMATION MUST BE COMPLETED~~. If any line is not applicable please write "N/A"

Property Address where permit is sought: _____

Real Estate/Property Owner Name(s): _____

Real Estate/Property Owner(s) Legal Business Name (if any): _____

Real Estate Owner's Residential Address (if different): _____

Telephone Number: _____

Tenant/Lessee Legal Business

Name: _____

Business Owner Personal Name(s) (if any) _____

Owner(s) Address: _____

Telephone Number: _____

Check one:

Residential

Individual/Sole Proprietor

Corporation

Trust

Other

~~APPLICANT TO COMPLETE~~

~~Failure to complete may result in delay of permit processing.~~

*Parcel which directly relates to the application filed for which certification is sought. (This numeric I.D. can be found: <http://data.visionappraisal.com/WoburnMA/>, on a tax bill, at the Building or Assessors offices).

(Example I.D.: 12-34-56)

Map _____

Block _____

Lot _____

~~REQUIRED: Does Real Estate owner and/or tenant own or have a beneficial or financial interest in any other real estate properties~~ within the city of Woburn? **Circle one: NO YES**

A beneficial interest can be as an individual, partnership, trust, LLP, etc. If YES, insert Map, Block, and Lot below for each property. Use back of form, if necessary.

Map _____

Block _____

Lot _____

Map _____

Block _____

Lot _____

I certify under the penalties of perjury that I am the record owner or tenant of the within described property and the above information is accurate and complete.

Date

Signature of Applicant Property Owner or Tenant-- (Not contractor)

Title

Print Name

~~(For Office Use Only)~~

CERTIFICATION OF TREASURER/COLLECTOR

The records of this office indicate that there are no unpaid real estate taxes, municipal fees, liens or other municipal charges outstanding and unpaid, or for the payment of which the owner has entered into a payment agreement with this office, on the above described parcels as of:

Certification Date

EXPIRES: _____

(Residential Only)

Treasurer/Collector

2-215 Duties and Responsibilities

Supervises operations of the Engineering Department - performs professional engineering work in the areas of water, wastewater, storm water, roads and other Civil engineering projects. Provides support to other departments, boards, commissions and officials, including the City Council or any Committee thereof, in all matters pertaining to engineering.

2-216 Personnel and Professional Assistance

The City Engineer may appoint one (1) Head Clerk, one (1) Junior Engineering Aide, one (1) Senior Engineering Aids, one (1) Assistant Civil Engineer, the Sealer of Weights and Measures. (Ord. approved 10/23/92; Amended 11/16/93; Amended 8/18/2006)



XXXV BIOMEDICAL OVERSIGHT COMMITTEE (amended 2/15/2005; repealed 2/8/2007; amended 5/1/2009)

2-217 Purpose

The purpose of this ordinance shall be the establishment of the Biomedical Oversight Committee (BOC) which will be responsible for issuing permits to Biomedical Facilities located in the City of Woburn and carrying out the requirements of this Article. (prior section repealed 2/8/2007; added 5/1/2009)

2-218 Definitions

BIOMEDICAL FACILITY – Any facility or research laboratory engaged in the use of Recombinant DNA, live animals for testing, the use of potentially infectious cell lines, or infectious material.

FACILITY REPRESENTATIVE – Each Biomedical facility will appoint one employee of the facility to act as a company representative to the BOC. This person shall be the same individual who is designated as the institution's Safety Officer.

GUIDELINES – Unless otherwise specified, are defined as:

- a) *National Institute of Health (NIH) Guidelines for Research Involving recombinant DNA molecules* as published in the Federal Register on May 7, 1986.
- b) Any amendments, revisions, or substitutions subsequent to the above referenced "Guidelines".

- c) Any further amendment to a) or b) above, wherever published, which are adopted by NIH.

RECOMBINANT DNA MOLECULES (RDNA) – are those defined in the "Guidelines", as defined above.

ORGANISMS AND VIRUSES CONTAINING RDNA – are those defined in the "Guidelines", as defined above.

Any other terms, not specifically defined herein, shall have the meaning as defined in the "Guidelines". If the "Guidelines" do not define the term, it shall have the meaning as is commonly used.

(prior section repealed 2/8/2007; added 5/1/2009)

2-219 Biomedical Oversight Committee

- A. Biomedical facilities are required to apply and receive a permit from the Biomedical Oversight Committee (BOC). This Committee shall consist of three members:
1. The City of Woburn Health Agent, and
 2. Two citizens of the City of Woburn, appointed by the Mayor subject to confirmation by the City Council, at least one of the citizens shall be well versed in the area of Recombinant DNA and the federal regulations that apply to it.
 3. The BOC shall appoint a clerk.
- B. All members and the clerk of the BOC shall have the compensation as approved in the City's budget. The initial citizen appointees to the BOC shall be one for two years and one for four years. Thereafter, all citizen appointments shall be for a term of four years.

(prior section repealed 2/8/2007; added 5/1/2009)

2-220 Duties

The responsibilities of the BOC shall include:

- A. Establishing policies procedures and criteria to aid in the implementation of this ordinance.
- B. Determining the manner in which permit holders make reports or applications

to the BOC and the type of information required in such reports or applications. Reviewing reports applications and recommendations by the facility representative and approving them where appropriate. Carrying out site visits to permitted facilities.

- C. Reviewing manuals and worker training programs, approving health-safety programs and monitoring the procedures required by this ordinance.
- D. Developing a procedure for persons to report to the BOC violations of this ordinance, the guidelines or any health regulations.

(prior section repealed 2/8/2007; added 5/1/2009)

2-221 Permit Requirements

- A. All persons proposing to establish a Biomedical facility must obtain a permit from the BOC. Permits shall, at a minimum, include written agreement to:
 - 1. Follow the guidelines as defined in this ordinance.
 - 2. Follow other conditions set forth by the BOC.
 - 3. Allow reasonable inspections of facilities and pertinent records by the BOC or the Board of Health.
 - 4. Demonstrate the establishment of a comprehensive safety procedure and an emergency contingency plan relevant to the use of Biomedical Technology at all levels of containment in use at the facility, and a program for waste disposal in compliance with all applicable, federal, state and local laws and regulations. This procedure shall be submitted to the BOC for review.
 - 5. Demonstrate the establishment of a training program of safeguards and procedures for all personnel that is in compliance with all applicable, federal, state and local laws and regulations. This program shall be submitted to the BOC for review.
- B. Permits shall be issued and renewed on an annual basis by the BOC. All fees for the permit shall be set by the BOC. All Biomedical facilities in existence before this ordinance is accepted shall be required to apply for a permit and comply with this ordinance within 365 days. Compliance with this ordinance is in addition to any requirements or prohibitions under the Woburn Zoning Ordinance or State Building Code.
- C. The BOC shall reserve the right to refuse a permit to any individual or any firm whose presence in the City is deemed not to be in compliance with this ordinance or in the best interest of the health and safety of the City as determined by the BOC.

(prior section repealed 2/8/2007; added 5/1/2009)

2-222 Reports

The applicant shall present a report which will outline their compliance to state and federal laws and the guidelines of this ordinance. Each holder of a permit shall file annual update reports with the BOC at the time of renewal. The requirement of this report shall be set by the BOC and given to the petitioner at the time an application is requested. Copies of building department and fire department certifications will be forwarded to the BOC for review.

(prior section repealed 2/8/2007; added 5/1/2009)

2-223 Restrictions

- A. Any use defined as "BL3" and "BL4" by the NIH Guidelines promulgated in the Federal Register on May 7, 1986 and any subsequent federal amendments shall not be permitted in the City of Woburn.
- B. Any accidental release which represents a potential hazard to employees, the public, or the environment shall be reported to the Board of Health, the police department, fire department and the BOC immediately, and in no case more than twenty-four hours after the release.

(prior section repealed 2/8/2007; added 5/1/2009)

2-224 Violation – Notification

The permit holder shall report, within thirty days, any problems with or violations of this ordinance or any local, state or federal law or regulation. Any accidents or illnesses involving individuals involved in activities regulated by the BOC shall be reported to the BOC within thirty days.

(prior section repealed 2/8/2007; added 5/1/2009)

2-225 Enforcement

The enforcement of this ordinance shall be interpreted by the BOC and carried out by the Board of Health, who shall undertake the enforcement themselves or report the violation to the appropriate state or federal agencies, who will initiate their own enforcement procedures.

- A. Any person who violates the provisions of this ordinance shall be subject to a fine of three hundred dollars per violation. Each day of the violation shall constitute a separate and distinct offense.
- B. Once a permit has been issued, it may be revoked, suspended, or modified by the BOC after due notice that the permit holder has materially failed to comply with this ordinance or the permit agreements. Appropriate state and federal offices shall be notified of this action.
- C. Notwithstanding the above, the Health Agent for the City of Woburn, upon determination of the BOC that any violation constitutes an immediate and severe threat to the public health and safety, may order the immediate closure of any premises engaging in or contributing to such threat, without prior notice and hearing but with subsequent notice and hearing. Appropriate state and federal offices shall be notified of this action.

(prior section repealed 2/8/2007; added 5/1/2009)

 2-226 [Repealed 2/8/2007]

XXXVI SPECIAL MUNICIPAL EMPLOYEES (amended 2/15/2005)

2-227 School Committee Members

A member of the School Committee shall be considered a special municipal employee under Massachusetts General Laws Chapter 268A. (added 4/10/98)

2-228 Human Rights Commission Members

A member of the Human Rights Commission shall be considered a special municipal employee under Massachusetts General Laws Chapter 268A. (added 11/30/2000)

2-229 Cemetery Commission Members

A member of the Cemetery Commission shall be considered a special municipal employee under the Massachusetts General Laws Chapter 268A. (added 6/18/2003).

2-230 Woburn Handicapped and Disabled Citizens Commission

A member of the Woburn Handicapped and Disabled Citizens Commission shall be considered a Special Municipal Employee under Massachusetts General Laws Chapter 268A. (added 12/10/2004)