

**AD HOC GROUP OF THE STATES PARTIES
TO THE CONVENTION ON THE PROHIBITION
OF THE DEVELOPMENT, PRODUCTION AND
STOCKPILING OF BACTERIOLOGICAL
(BIOLOGICAL) AND TOXIN WEAPONS
AND ON THEIR DESTRUCTION**

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DECLARATION FORMATS

The declaration formats should comprise of four formats: One for present biodefence facility (Format 1), one for past bio-offence facility (Format 2), one for past bio-defence facility (Format 3) and one for other facilities (Format 4).

FORMAT - 1

(Initial/Annual Declaration)

Present Biodefence Facility

Present biological defence facility. Complete one declaration form for each facility for the last calendar year.

GENERAL INFORMATION

In shared facilities, provide information (1-9) related to the biodefence programme only.

1. Name and Postal Address :
2. Location :
3. Scale Map :
4. Owner :
5. Operator :
6. Source of funding with proportion of each funding :

7. Staff resources:

	Physicians	Scientists	Engineers	Others
Military Personnel				
Civilian				
Contract employees who have worked for more than 6 months in the reporting calendar year				

8. Division of Scientists/Engineers by category.

SCIENTISTS

	MILITARY	CIVILIAN	CONTRACT*
Microbiologists			
Pathologists			
Molecular biologists			
Epidemiologists			
Entomologists			
Plant pathologists			
Others			

* Contract employees who have worked for more than 6 months in the reporting calendar year.

ENGINEERS

	MILITARY	CIVILIAN	CONTRACT*
Mechanical Engineers			
Chemical Engineers			
Electronics/Instrumentation Engineers			
Others			

9. (a) What is the size of the animal house facility and the number of animals (categorywise) used in this biodefence facility in the last 12 months?
- (b) What is the size of insect culture facility (if colocated)?
10. General description of type of work in the facility as a whole. Include also the connectivity with non-biodefence programmes. If the facilities for other programmes are colocated.

SCIENTIFIC AND TECHNICAL INFORMATION

1. Area occupied by: [Whether underground (UG) or above ground (AG)]

	Total Area	No. of rooms
BL-4		
BL-3		
Total Laboratory floor area		

2. Fill details for the following equipments if used:

Type of equipment	Size/Capacity	Subtype	Where used BL-4/BL-3/Others
Fermentors/ bioreactors			
Separators*			
Freeze drying equipments			
Cell disruption equipments			
Aerosol Chambers			
Biosafety hoods			
Isolators			
Self Sterilizable Centrifuges			
Cryopreservation Units			
Liquid Nitrogen Containers			
Ultra deepfreezers (below -70°C)			

* Centrifugal, plate press filter, cross or tangential flow etc.

3. Description of the activity leading to production in each containment:

BL-4

	Relevant Agent/ toxin if applicable	Name/ type	Develop-ment Yes/No	Pro-duction Yes/No	Test/ Evaluation Yes/No	Annual quantity produced if applicable
Microbial agent/Toxin						
Vaccine/ Antitoxin						
Plant inoculant						
Pharmaceutical / medical product						
Diagnostic reagent						
Other products (specify)						

BL-3

Purpose Microbiology/ toxin	Relevant Agent/ toxin if applicable	Name/ type	Develop-ment Yes/No	Pro-duction Yes/No	Test/ Evaluation Yes/No	Annual quantity produced if applicable
Microbial agent/Toxin						
Vaccine/ antitoxin						
Plant inoculant						
Pharmaceutical / medical product						

Diagnostic reagents						
Other products (specify)						

4. Is the facility put to other use for any of the following (Yes/No).

	BL-4	BL-3	If yes, relevant agent/toxin	Done with Plants/ Animals/ Humans
Toxicity evaluation				
Physical protection/detection/decontamination				
Vector biology studies				
Evaluation of pathogenicity, virulence, etc.				
Aerobiology studies				
Genetic modification				
Diagnostics, Detection studies				
Maintain culture collection/repository				
Stability studies of agents/toxins				
Microbial susceptibility/resistance studies				
Others				

5. Describe publication policy of the facility and provide reports/papers publicly made available in the last 12 months.

FORMAT - 2

(One Time Declaration)

Past Bio-offence Facility

For each facility complete one form. Information to be provided for column 1-6 and 8-13 from 17 June 1925.

GENERAL INFORMATION

1. Name and Postal Address :
2. Location :
3. Scale Map :
4. Owner(s) :
5. Operator(s) :
6. Years of operation since 17 June 1925 :
7. Was the facility under operation before 17 June 1925. If so, indicate the date of establishment of the facility :
8. The type of work that was undertaken in this facility. If yes, relevant agents/toxins:
 - (a) Production of biological agent/toxin;
 - (b) Testing and evaluation;
 - (c) Studies on pathogenicity/virulence;
 - (d) Weaponization;
 - (e) Environmental stability studies on microbes;
 - (f) Stockpiling of agents and their quantity;
 - (g) Aerobiology studies;

- (h) Vector biology studies including vector transmission;
 - (i) Molecular biology;
 - (j) Others (specify).
9. If agents/toxins were produced:
- Cumulative amount of agents/toxin produced;
- Since 17 June 1925 for each agent/toxin (cumulative).
10. Present status of availability of the agent/toxin.
11. If agent/toxin was destroyed, how and when was it destroyed?
12. Floor area of maximum containment facility constructed for bio-offence purpose.
13. What is the present work carried out in the facility, if it is in use?
14. Method of destruction of the facility and the date of destruction.
15. The present status of the data, video recordings, etc. When was the facility in operation?

FORMAT - 3

(One Time Declaration)

Past Biodefence Facility

For each facility complete one form. Crucial starting date is 17 June 1925.

GENERAL INFORMATION

1. Name and Postal Address :
2. Location :
3. Scale Map :
4. Owner(s) :
5. Operator(s) :
6. Years of operation since 17 June 1925 :
7. Was the facility under operation before 17 June 1925. If so, indicate the date of establishment of the facility :
8. Description of the type of work that was undertaken:

	Relevant agent/ Toxin	Name/ Type	Develop-ment	Produc-tion	Evalua-tion	Quantity, if appli-cable	Year
Vaccine							
Plant inoculant							
Pharma-ceutical product							
Diagnostic reagent							
Other products (specify)							

9. Was the facility used for any of the following:

	Yes/No	If yes, relevant agent/toxin	Done with Animals/Plants/ Humans
Toxicity evaluation			
Protection/detection/decontamination			
Vector biology studies			
Evaluation of pathogenicity, virulence, etc.			
Aerobiology studies			
Detection/diagnostic studies			
Genetic modification			
Maintain culture collection/repository			
Stability studies of agents/toxins			
Microbial susceptibility/resistance studies			
Others			

10. Floor area of BL-4 (maximum containment) facility constructed for biodefence purpose.

11. What is the present work carried out in the facility, if it is in use?

12. If not in use, when was the facility dismantled?

FORMAT - 4

(Initial/Annual Declaration)

Other Facilities

GENERAL INFORMATION

1. Name and Postal Address :
2. Location :
3. Scale Map :
4. Owner :
5. Operator :
6. Source of funding with proportion of each funding :
7. Staff resources :
8. General description of type of work in the facility as a whole :

SCIENTIFIC AND TECHNICAL INFORMATION

1. What is the area occupied for BL-4/BL-3 (working with listed agent/toxin)?
2. Full details for the following equipment:

Type of equipment	Capacity/Size Sub-type	Number
	(If applicable)	

Fermenters/bioreactors

Separators*

Freeze drying Equipments

* Centrifugal, plate press filter, cross flow or tangential etc.

Type of equipment **Capacity/Size Sub-type** **Number**
 (If applicable)

Cell disruption Equipments

Aerosol Chambers

Biosafety hoods

Isolators

Self sterilizable centrifuges

Liquid Nitrogen Containers

Ultra deep freezers (-70°C or below)

3. Is the facility used for any of the following purposes?

	Type/Name	Develop- ment Yes/No	Production Yes/No	Evaluation Yes/No	Annual quantity, if applicable
(a)	Microbial Agent/Toxin				
(b)	Vaccine				
(c)	Plant inoculant				
(d)	Pharmaceutica l/medical product				
(e)	Diagnostic reagent				
(f)	Other products (specify)				

4. Is the facility put to use for any of the following:
- | | | |
|-----|--|--------|
| (a) | Toxicity evaluation | Yes/No |
| (b) | Physical protection, detection/decontamination | Yes/No |
| (c) | Vector biology studies | Yes/No |
| (d) | Evaluation of pathogenicity, Virulence, stability in the environment, etc. | Yes/No |
| (e) | Aerobiology studies | Yes/No |
| (f) | Studies involving genetic modification | Yes/No |
| (g) | Diagnostics | Yes/No |
| (h) | Maintain culture collection/repository | Yes/No |
| (i) | Microbial susceptibility/resistance studies | Yes/No |
| (j) | Others | |
5. Are there any areas which can be entered only by personnel who have been vaccinated:
- Yes/No
- If yes, specify the type of vaccines and area.
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