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**INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)
UCSI UNIVERSITY**

BIOLOGICAL RISK ASSESSMENT FORM

For Activities Involving the Use of Infectious and Potentially Infectious Agents/Materials and Biological Toxins

WORK INVENTORY FORM			
Complete address where work will be performed: (Specify the BUILDING BLOCK & FLOOR)		IBC registration no:	
		Name of Principal Investigator (PI):	
Project Name:		Conducted By: Date:	
Name of Biological Agent:		Reviewed and Approved By: Date:	

UCSI/IBC/ANNEX 1
BIOLOGICAL RISK ASSESSMENT FORM

No	Work Process	Act No	Work Activities

Biological Risk Assessment Form (Activity-Based)													
Laboratory:							Conducted By:						
							Date:						
Work Process:							Reviewed and Approved By:						
							Date:						
Act No	Hazard/Threat Identification	Risk Evaluation					Risk Control & Mitigation						
		Severity Score		Likelihood Score		Risk Level Score (S x L)	Proposed Risk Controls	(S)	(L)	Final Risk Level Score (S x L)	Person-in-charge	Due Date	Remarks
	Activities	Possible Injury/ ill-Health	(S)	Existing Risk Control (if any)	(L)								

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Note: (S) Severity (L) Likelihood
Refer to the scoring & Risk Matrix

Signature and stamp of PI

Date

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Remarks by Institutional Biosafety Committee:

Signature of IBC Chairman:

Date: