

For IBC use only

Registration no.:

Date received:



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

INCIDENT REPORTING FORM

To be completed by the **Principal Investigator/Laboratory Personnel** involved in the incident. This form is to be used by the Biosafety Officer (BSO) to report all incidents which did not result in injury. **Please complete and submit the form to the IBC within 24 hours and to the NBB within 48 hours of the incident.**

ORGANISATION:	LABORATORY:	DATE & TIME OF INCIDENT:
FACULTY/ SCHOOL/ DEPARTMENT:		
PI/ LABORATORY PERSONNEL INFORMATION		
Name: _____		
Job Designation: _____		
Staff ID: _____		
Email: _____		
Telephone: _____		
The Incident Was Reported on Date: _____ Time: _____		
IDENTIFY THE DIRECT AND CONTRIBUTING CAUSES OF THE INCIDENT		
1. Describe the incident (use appendix if necessary).		

2. Probable cause or causes of incident (tick 1 or more boxes for appropriate answers).

- | | |
|---|---|
| <input type="checkbox"/> Fault of equipment | <input type="checkbox"/> Inadequate workspace |
| <input type="checkbox"/> Equipment unavailable | <input type="checkbox"/> Lack of training |
| <input type="checkbox"/> Poor storage | <input type="checkbox"/> Poor access |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Assistance unavailable | <input type="checkbox"/> Fault and maintenance staff / engineer |
| <input type="checkbox"/> Electrical fault | <input type="checkbox"/> Lack of attention / supervision |
| <input type="checkbox"/> Carelessness | <input type="checkbox"/> Incorrect method / work practices |
| <input type="checkbox"/> Terrain | <input type="checkbox"/> None of the above* |

* Please state cause if it is not listed above:

3. Did the incident contribute to any release or dispersal of LMO/rDNA materials outside the containment/field experiment area? If "Yes", please state the emergency response plans taken.

4. What are the incompliances or negligence made by the staff and/or others to result in the incident (e.g., wrong tool or equipment, improper position or placement, work rule violation, failed to follow instructions, etc.)?

5. What are the human factors that result in the incident (e.g., improper attitude, fatigue, inattention, substance abuse, failing to wear PPE etc.)?

6. What are the corrective actions that have been or will be taken to prevent the recurrence of similar incidents (e.g., repair / modify / replace equipment, counseling, training, policies, procedures, etc.)?

7. Who is responsible for implementing the aforementioned corrective actions?

Signature of Principal Investigator

Name:

Date:

Signature of Biosafety Officer

Name:

Date:

Signature of IBC Chair

Name:

Date:

**Send a copy to NBB, Department of Biosafety,
Ministry of Natural Resources & Environment, Level 1, Podium 2,
Precinct 4, 62574 Putrajaya.**

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