

For IBC use only
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**INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)
UCSI UNIVERSITY**

OCCUPATIONAL DISEASE/EXPOSURE INVESTIGATION FORM

To be completed by the **Principal Investigator/Laboratory Personnel** involved in the incident. This form is to be used to report all occupational exposure to LMO/rDNA materials and to document the investigation by the Biosafety Officer (BSO). **Please complete and submit the form to the OHSC, IBC and NBB within 24 hours of the accident.**

1. INFORMATION OF PERSONNEL INVOLVED IN OCCUPATIONAL DISEASE	
NAME : _____	
NRIC : _____	CONTACT NO.
AGE : _____	Office (Ext) : _____
RACE : _____	Handphone : _____
EMPLOYMENT DETAILS	
Job Title : _____	
Faculty/ School/ Department: _____	
Employment Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Contract	
Duration of Current Job: _____ Months/Years	
2. DESCRIPTION OF OCCUPATIONAL DISEASE / EXPOSURE TO LMO/rDNA MATERIALS	
Location in the department of occupational exposure to LMO/rDNA materials occurred: _____ _____	
Date (DD/MM/YY): ____ / ____ / _____ Time: _____ AM/PM	

DIAGNOSIS/PROVISIONAL DIAGNOSIS

Particulars of Treatment:

- Nil
- First Aid
- Outpatient Treatment
- Admission to Hospital

Medical Certificate Given Yes No

Duration of MC _____ Days

DESCRIPTION OF EVENTS (Describe tasks being performed and sequence of events. Use appendix if necessary)

**a) What kind of work is done by the personnel that may be associated with the disease?
Please describe the work activities involved.**

b) What was the hazard or agent being exposed to the personnel?

c) How long had the personnel been exposed to the hazard or agent?

d) What are the symptoms and how long had the personnel been experiencing the symptoms?

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.**

Tel: 03-88861580 Fax: 03-88904935