



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

SUBMISSION CHECKLIST

NO.	FORMS AND DOCUMENTATIONS	YES	NO	N/A
SECTION A				
1.	Preliminary Assessment Form (UCSI/IBC/FORM A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Notice of Intent (NOI) Form (UCSI /IBC/FORM B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Biological Risk Assessment Form (UCSI /IBC/ANNEX 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Laboratory Self-Inspection Form Biosafety Level 1/2 Checklist (UCSI/IBC/ANNEX 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Records of personnel training in laboratory biosafety and biosecurity training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B				
All documents must be prepared and submission of documents upon request				
6.	Standard Operating Procedures (SOPs) shall include all items listed below (where relevant and applicable): <i>All SOPs must specifically address these Biosafety and Biosecurity issues.</i>			
	i. Procurement detail of infectious and potentially infectious agents/materials and biological toxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ii. Storing and inventory procedure of infectious and potentially infectious agents/materials and biological toxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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|------|---|--------------------------|--------------------------|--------------------------|
| iii. | Handling and manipulating [including proper use of Personal Protective Equipment (PPE)] of infectious and potentially infectious agents/materials and biological toxins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. | Transportation and shipment of infectious and potentially infectious agents/materials and biological toxins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. | Decontamination, spill management and waste management of infectious materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. | Emergency Response Plan (ERP) relevant to the infectious and potentially infectious agents/materials and biological toxins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Records of maintenance and certification/calibration of relevant equipment and devices such as: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | i. Autoclave | | | |
| | ii. Biosafety Cabinet | | | |
| | iii. Others, please specify: | | | |

Signature and stamp of Principle Investigator (PI)

Date