**IBC/IR/20/ANNEX3**

**INSTITUTIONAL BIOSAFETY COMMITTEE**

**INCIDENT REPORTING FORM**

This form must be completed by the **Principal Investigator/Laboratory personnel** involved in the incident and used by the Biosafety Officer to report all incidents which did not result in injury. **The** **completed form must be submitted to the IBC within 24 hours and to the National Biosafety Board within 48 hours of the incident.**

**Reference No :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ORGANISATION : FACULTY/DEPARTMENT: | LABORATORY: | DATE & TIME OF INCIDENT: |
| **PI/ LABORATORY PERSONNEL INFORMATION** |
| **PI/ Laboratory Personnel’s Name :……………………………………………..** **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).

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| --- | --- | --- | --- |
|  | Fault of equipment |  | Inadequate workspace |
|  | Equipment unavailable |  | Lack of training |
|  | Poor storage |  | Poor access |
|  | Weather |  | Unknown |
|  | Assistance unavailable |  | Fault and maintenance staff/ engineer |
|  | Electrical fault |  | Lack of attention/ supervision |
|  | Carelessness |  | Incorrect method/ work practices |
|  | Terrain\* State cause if not listed above: |  | None of the above\* |

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| 1. 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 plan taken. |
| 1. What act(s) by the staff and/or others contributed to the incident (e.g. wrong tool or equipment, improper position or placement, work rule violation, failed to follow instructions, etc.)?
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| 1. What personal factors contributed to the incident (e.g. improper attitude, fatigue, inattention, substance abuse, failing to wear PPE etc.)?

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| 1. What corrective actions have been or will be taken to prevent a recurrence of this type of incident (e.g. repair / modify / replace equipment, counseling, training, policies, procedures, etc.)?
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| 1. Who is responsible to implement corrective actions?
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|  Signature of Principal Investigator Name: Date:  |  Signature of Biosafety Officer Name: Date: |

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 Signature of IBC Chair Name: Date:Send a copy to:National Biosafety Board,c/o Director General,Department of Biosafety Ministry of Environment and WaterLevel 1, Podium 2, Wisma Sumber Asli, No. 25, Persiaran Perdana, Precinct 4, Federal Government Administrative Centre 62574 Putrajaya.Tel: 03-88861580 Fax: 03-88904935 |
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