**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).  |  |  |  |  | | --- | --- | --- | --- | |  | 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\* | | | |
| 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.)? | | |
| 1. What personal factors contributed to the incident (e.g. improper attitude, fatigue, inattention, substance abuse, failing to wear PPE etc.)? | | |
| 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.)? | | |
| 1. Who is responsible to implement corrective actions? | | |

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| |  |  | | --- | --- | | Signature of Principal Investigator  Name:  Date: | Signature of Biosafety Officer  Name:  Date: |  |  | | --- | |  |   Signature of IBC Chair  Name:  Date:  Send a copy to:  National Biosafety Board,  c/o Director General,  Department of Biosafety  Ministry of Environment and Water  Level 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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