**SECTION A**

**To be use in activities related to handling of non genetically modified organism (Non-GMO)**

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| --- | --- | --- | --- | --- |
| **NO.** | **FORMS AND DOCUMENTATIONS** | **YES** | **NO** | **N/A** |
| 1. | Preliminary Assessment Form (UPM/IBBC/PAF). |  |  |  |
| 2. | Notice of Intent Form (UPM/IBBC/NOI). |  |  |  |
| 3. | Biological Risk Assessment Form (UPM/IBBC/BRAF). |  |  |  |
| 4. | i. Laboratory Self-Inspection Form Biosafety Level 1 Checklist (UPM/IBBC/BSL1). |  |  |  |
|  | ii. Laboratory Self-Inspection Form Biosafety Level 2 Checklist (UPM/IBBC/BSL2) - *This form is used in addition to the* *Laboratory Self-Inspection Form Biosafety Level 1 Checklist.* |  |  |  |
|  | iii. Laboratory Self-Inspection Form Biosafety Level 3 Checklist (UPM/IBBC/BSL3) - *This form is used in addition to the* *Laboratory Self-Inspection Form Biosafety Level 2 Checklist.* |  |  |  |
| 5. | Personnel Biosecurity Registration Form (UPM/IBBC/PBR). |  |  |  |
| 6. | Biosafety and Biosecurity Training Form (UPM/IBBC/BBTF). |  |  |  |

**SECTION B**

**Note: All documents must be prepared and submission of documents upon request. Please use the provided template to develop the SOPs. For item (ii), please use the provided form**

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| **NO.** | **FORMS AND DOCUMENTATIONS** | **YES** | **NO** | **N/A** |
| 1. | Standard Operating Procedures (SOPs) shall include all items listed below (where relevant and applicable): |  |  |  |
| i. Procurement detail of infectious and potentially infectious agents/materials and biological toxins. |  |  |  |
| ii. Storing and inventory procedure of infectious and potentially infectious agents/materials and biological toxins. |  |  |  |
| iii. Handling and manipulating [including proper use of Personal Protective Equipment (PPE)] of infectious and potentially infectious agents/materials and biological toxins. |  |  |  |
| iv. Transportation and shipment of infectious and potentially infectious agents/materials and biological toxins. |  |  |  |
| v. Decontamination, spill management and waste management of infectious materials. |  |  |  |
| vi. Emergency Response Plan (ERP) relevant to the infectious and potentially infectious agents/materials and biological toxins. |  |  |  |
| 2. | Records of maintenance and certification/calibration of relevant equipment and devices such as: |  |  |  |
| i. Autoclave. |  |  |  |
| ii. Biosafety Cabinet. |  |  |  |
| iii. Others, please specify: | | | |

**Signature of Principle Investigator (PI) :**

**Stamp :**

**Date :**