**For Activities Involving the Use of Infectious and Potentially Infectious Agents/Materials and Biological Toxins**

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| **IBBC reg. no :****Name of PI :** |

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| **WORK INVENTORY FORM** |
| **Project Name:** |  | **Conducted By:****Date:** |  |
| **Name of Biological Agent:** |  |
| **Complete address where work will****be performed:****(Specify the Building, Block & Floor)** |  | **Reviewed and****Approved By:****Date:** |  |

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| **No** | **Work Process\*** | **Act No** | **Work Activities** |
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\* Based on objective of the study

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| **Biological Risk Assessment Form (Activity-Based)** |
| **Laboratory:** |  | **Conducted By:****Date:** |  |
| **Work Process:** |  | **Reviewed and Approved By:****Date:** |  |
| **Act No** | **Hazard/Threat****Identification** | **Risk Evaluation** | **Risk Control & Mitigation** |
| **Likelihood Score** | **Severity Score** | **Risk Level Score** **(L x S)** | **Proposed Risk Controls** | **(L)** | **(S)** | **Final Risk Level Score****(L x S)** | **Person-in-Charge** | **Remarks** |
| **Activities** | **Existing****Risk Control (if any)** | **(L)** | **Possible Injury/ ill-Health** | **(S)** |
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**Note: (S) Severity** **(L) Likelihood**

**Refer to the scoring & Risk Matrix**

 **Signature and stamp of PI: Date:**

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| **FOR IBBC OFFICIAL USE ONLY****Remarks by Institutional Biosafety & Biosecurity Committee:** **Signature of IBBC Chairman: Date:** |