To be completed by the **Principal Investigator/Laboratory Personnel** involved in the incident.

Please complete and submit to the IBBC UPM within 48 hours of the incident.

**Institutional Biosafety & Biosecurity Committee (IBBC)**

Biosafety Officer

Universiti Putra Malaysia

Phone: 03-9769 1653

Email: ibbc@upm.edu.my

IBBC Reference No:

|  |  |
| --- | --- |
| Organisation: |  |
| Faculty/Institute/Centre: |  |
| Department: |  |
| Laboratory: |  |
| Date of Incident: |  | Time of Incident: |  |

|  |
| --- |
| **PRINCIPAL INVESTIGATOR/LABORATORY PERSONNEL INFORMATION** |
| Name: |  |
| Contact No.: |  |
| Email: |  |
| 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 🞏 None of the above\*\*State cause if not listed above:     |
| 3. | Did the incident contribute to any release or dispersal of virus/bacteria/fungal/toxin or etc., materials outside the containment/field experiment area?If the answer is Yes, please state the emergency response plan taken: |
| 4. | 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.) |
| 5. | What personal factors contributed to the incident? (e.g. improper attitude, fatigue, inattention, substance abuse, failing to wear PPE, etc.) |
| 6. | What corrective actions have been or will be taken to prevent a recurrence of this type of incident? (e.g. repair/modify/replace equipment, counselling, training, policies, procedures, etc.) |
| 7. | Who is responsible to implement corrective actions? |

I hereby declare that all information provided in this application is accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|   |  |  |
| **Signature of Principal Investigator**Name: Date:  | **Signature of Biosafety Officer**Name:Date: |
|

|  |
| --- |
|  |

**Signature of IBBC Chairman**Name:Date: |  |