**IBC/OD/20/ANNEX4**

**INSTITUTIONAL BIOSAFETY COMMITTEE**

**OCCUPATIONAL DISEASE / EXPOSURE INVESTIGATION FORM**

This form is to be used to report all occupational exposure to LMO/rDNA materials. This form must be completed by the **Principal Investigator/ Laboratory Personnel** involved. **The completed form must be submitted to the IBC and National Biosafety Board within 24 hours of the incident.** A copy of the form must be submitted to the Occupational Health and Safety Committee.

**IBC Reference No. (If applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **INFORMATION OF PERSONNEL INVOLVED IN OCCUPATIONAL DISEASE/EXPOSURE TO LMO/rDNA MATERIALS** | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| NRIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender: | Contact details:  Office :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ext :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employment Details**  Job Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty/Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Status : Permanent Contract  Length of service in current position: \_\_\_\_\_\_\_\_\_\_\_\_ months/years | |
| 1. **DESCRIPTION OF OCCUPATIONAL DISEASE / EXPOSURE TO LMO/rDNA MATERIALS** | |
| Location where incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Time: \_\_\_\_\_ \_\_\_\_\_\_\_ am/pm  Diagnosis/Provisional Diagnosis:  Particulars of Treatment  Nil Outpatient Treatment  First Aid Admission to Hospital  Others (please specify): …………….  Medical Certificate given Yes No  Duration of MC: …………………days | |
| **Description of events (Describe tasks being performed and sequence of events. Use Appendix if necessary)**   1. What kind of work did the personnel do which may be associated with the disease? (Describe work activities) | |
| 1. What was the hazard or agent being exposed to the personnel? | |
| 1. How long had the personnel been exposed to the hazard or agent? | |
| 1. What are the symptoms and how long had the personnel been experiencing the symptoms?  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Signature of Principal Investigator  Name:  Date: | Signature of IBC Chair/ Biological Safety Officer  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 | | |