**IBC/OD/10/ANNEX4**

**INSTITUTIONAL BIOSAFETY COMMITTEE OCCUPATIONAL DISEASE / EXPOSURE INVESTIGATION FORM**

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

*This form is to be used to report all occupational exposure to LMO/rDNA materials and to document the investigation by the bso. Please* ***complete and submit to the OHSC, IBC and NBB within 24 hours of the accident.***

**Reference No:**

|  |  |
| --- | --- |
| **1. INFORMATION OF PERSONNEL INVOLVED IN OCCUPATIONAL DISEASE** | |
| Name : | |
| NRIC : Age : Race : | Contact No : Office : Ext : |
| **Employment Details**  Job Title : Faculty/Department: Employment Status: Permanent Contract  Duration Of Current Job: Months/Years | |
| **2. DESCRIPTION OF OCCUPATIONAL DISEASE / EXPOSURE TO LMO/RDNA MATERIALS** | |
| Location in the department of occupational exposure to LMO/rDNA materials occurred:  Date : / / time : am/pm | |

Guidelines for institutional biosafety committees:

Use of living modified organisms and related materials

|  |
| --- |
| Diagnosis/provisional diagnosis : particulars of treatment  Nil outpatient treatment  First aid admission to hospital  Medical certificate given yes no  Duration of mc: days |
| **Description of events (describe tasks being performed and sequence of events. Use appendix if necessary)**  A) What kind of work did the personnel do which may be associated with the disease? (describe work activities) |
| B) What was the hazard or agent being exposed to the personnel? |
| C) How long had the personnel been exposed to the hazard or agent? |
| D) What are the symptoms and how long had the personnel been experiencing the symptoms? |

**36**

Signature of principal investigator

Name: Date:

Signature of Biosafety Officer

Name: Date:

Signature of IBC Chair

Name:

Date:

Send a copy to NBB,

Department of Biosafety,

Ministry of Natural Resources & Environment,

Level 1, Podium 2,

Precinct 4, 62574 Putrajaya.

Tel: 03-88861580 fax: 03-88904935

**37**