**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):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 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 OfficerName:Date: |
|  |  |

Send a copy to:National Biosafety Boardc/o Director General,Department of Biosafety Ministry of Environment and WaterLevel 1, Podium 2, Wisma Sumber Asli, No. 25, Persiaran Perdana, Precinct 4, Federal Government Administrative Centre 62574 Putrajaya.Tel: 03-88861580 Fax: 03-88904935 |

 |