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**For IBBC use only**

Registration no.:

Date received:

*The Leader In Research and Innovation*

**INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)**

**UNIVERSITI MALAYA**

**BIOLOGICAL RISK ASSESSMENT FORM**

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

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| **WORK INVENTORY FORM** | | | |
| **Complete address where work will be performed: (Specify the Bldg BLOCK & FLOOR)** |  | **IBBC registration no:** |  |
| **Name of PI:** |  |
| **Project Name:** |  | **Conducted By: Date:** |  |
| **Name of Biological Agent:** |  | **Reviewed and Approved By: Date:** |  |

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

**Refer to the scoring & Risk Matrix : Guidance on Completion of Biological Risk Assessment Form**

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| --- | --- |
| **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:** |