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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)** | **ProposedRisk Controls** | **(S)** | **(L)** | **Final Risk Level Score(S x L)** | **Person-in-Charge** | **Due Date** | **Remarks** |
| **Activities** | **Possible Injury/ill-Health** | **(S)** | **ExistingRisk 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:** |