



**INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)  
UCSI UNIVERSITY**

INCIDENT REPORTING FORM

Principal Investigator/Laboratory Personnel

Please complete and submit the form to the IBC within 24 hours and to the NBB within 48 hours of the incident.

ORGANISATION:  FACULTY/ SCHOOL/ DEPARTMENT:	LABORATORY:	DATE & TIME OF INCIDENT:
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PI/ LABORATORY PERSONNEL INFORMATION



7. Who is responsible for implementing the aforementioned corrective actions?

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