CONTOH BORANG

PEJABAT PERSEKITARAN, KESELAMATAN DAN KESIHATAN PEKERJAAN

BIOLOGICAL AGENT(S) INVENTORY FORM

Section A : GENERAL INFORMATION OF AUTHORIZED PERSONNEL						
Faculty / PTj	**:**					
PIC name /Staff	**:**		**Matric No.**	**:**		
PIC phone no.	**:**		**Email**	**:**		
Previous Storage Location	**:**					

Please list all biological agents used in your laboratory such as the following:
Bacteria, viruses, recombinant materials, cultured human cell lines, clinical specimens as blood, bodily fluids, tissue or biopsies, tissue from experimental animals, toxins of biological origin, prions, fungi, rickettsia, chlamydia, parasites, etc .

Section B : INVENTORY RECORDS						
No.	**Biological Agent Name (*)**	**Duration of storage (dd/mm/yy-dd/mm/yy)**	**Commercial Source/ Institution & donor name (Specify the details)**	**Amount stored (vial/plate/box)**	**Biosafety Level Used**	**Registration/ notification Number of IBC**

(*)Please write the complete name of the agent (e.g. human blood, E. coli 0157; brain biopsy, E. coli K12, GFP-pX2)