

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)