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

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| **IBBC reg. no :**  **Name of PI :** |

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| **WORK INVENTORY FORM** | | | |
| **Project Name:** |  | **Conducted By:**  **Date:** |  |
| **Name of Biological Agent:** |  |
| **Complete address where work will**  **be performed:**  **(Specify the Building, Block & Floor)** |  | **Reviewed and**  **Approved By:**  **Date:** |  |

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| **No** | **Work Process\*** | **Act No** | **Work Activities** |
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\* Based on objective of the study

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

**Refer to the scoring & Risk Matrix**

**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:** |