

INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)

Conducted by: (Name, Matric/Staff No., Contact No)		Title of project (if any):	
Student (UG/MSc/PhD) or Staff (position):			
Process/location:		Conducted date (from....to....):	

No.	Biohazard Identification			Risk analysis				Risk control	
	Work activity	Biohazard (Source, Situation or Act With a Potential for Harm)	Risk / Effect [Occurrence of a Hazardous Event or Exposure(s) / Injury or Ill Health that can Be Caused By the Event or Exposure(s)]	Existing risk control (Hierarchy of Control: 1. Elimination 2. Substitution 3. Engineering Control 4. Signage Warnings and/or Administrative Controls 5. Personal Protective Equipment)	Likelihood The frequency for the incidence to occur: 1-rare 2-unlikely 3-possible 4-likely 5-almost certain	Consequence The effect when the incidence occur: 1-insignificant 2-minor 3-moderate 4-major 5-catastrophic	Risk rating* L – low M – moderate H – high E – extremely high	Recommended control measures (Hierarchy of Control: 1. Elimination 2. Substitution 3. Engineering Control 4. Signage/Warnings and/or Administrative Controls 5. Personal Protective Equipment)	Due date/status
1	Culturing and harvesting 1 L Bacillus cereus culture	a) Bacillus cereus culture Refer to Pathogen Safety Data Sheet, PSDS (https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment.html)	Spillage may cause opportunistic infections and clinical infections such as endophthalmitis and other ocular infections	- Work in clean bench (laminar flow hood) - GLP - Wearing proper PPE (mask, glove)	1	3	M	Follow existing control	
		b) Spinning down biological materials	Create aerosol that lead to opportunistic infections and clinical infections	- Using closed rotor - GLP - Wearing proper PPE (mask, glove)	4	3	M	Follow existing control	

Supervisor (if any) or Superior: (Name, designation, Contact No)		Signature and Stamp of supervisor/superior: Date:
---	--	--

Office Use Only:

Approved by: (Name, designation)		Signature of Approver: Date:
-------------------------------------	--	-------------------------------------

Risk rating*

Likelihood	Consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
(5) Almost Certain	M	H	H	E	E
(4) Likely	M	M	H	H	E
(3) Possible	L	M	M	H	E
(2) Unlikely	L	M	M	M	H
(1) Rare	L	L	M	M	H

Submit/email the form to IBBC representative of each Kulliyah:

- | | | |
|--------|--|--|
| KOE | Assoc. Prof. Dr. Raha Ahmad Raus | rahaar@iium.edu.my |
| INHART | Asst. Prof. Dr. Noor Faizul Hadry Nordin | faizul@iium.edu.my |
| KOP | Asst. Prof. Dr. Izzat Fahimuddin Mohamed Suffian | izzat_fahimuddin@iium.edu.my |
| KOM | Assoc. Prof. Dr. Soraya Ismail | dr_soraya@iium.edu.my |
| KON | Asst. Prof. Dr. Syamsul Ahmad Arifin | syam@iium.edu.my |
| KOD | Asst. Prof. Dr. Widya Lestari | drwidya@iium.edu.my |
| KAHS | Asst. Prof. Dr. Mohd. Arifin Kaderi | ariffink@iium.edu.my |
| KOS | Asst. Prof. Dr. Zarina Zainuddin | zzarina@iium.edu.my |

For more information, visit our website at <http://www.iium.edu.my/drri/about-ibbc>

L – low, M – moderate, H – high, E – extremely high