INSTITUT BIOLOGI SISTEM INBIOSIS INSTITUTE OF SYSTEMS BIOLOGY	Doc. No.:RTPC2/SOP20/F01	Edition/Revision: 1/0	Effective date: March 2013
	INCIDENT REPORTING FORM		Page 1 of 1

Date of report	
Name of reporting personnel	
Position	Laboratory personnel / Principal investigator / researcher / others (please specify: _____)

Type of incident

☐ Chemical Spills ☐ Chemical release / evaporation ☐ rDNA/Biohazard	☐ Electrical failure / blackout ☐ Fire ☐ Theft / Laboratory break-in

Details of the Incident

Date of incident	
Time of incident	
Place of incident	
No of person involved	
No of person injured	
Type of injury	

Describe briefly about the incident:

For Incident Officer Use Only

Date/time of report received	
Actions taken	☐ View / monitor the site of incident ☐ Obtain medical report of injuries / death occurred from the medical office ☐ Report the incident to the Occupational Safety and Health Office ☐ Record the incident in the Incident Inventory Record

For Record Purpose

Record No	
Date of Record	