ANNUAL REPORT BY INSTITUTIONAL BIOSAFETY COMMITTEE (Please submit to GMAC Secretariat by 1st January)

Name of Institution :				
Address of Institution :				
Tel:		Fa	x:	
Submitted by :Name a	nd Signature	Da	ite:	
A. Composition of IBC				
IBC APPOINTMENT	NAME		DESIGNATION	
Chairman				
Biological Safety Officer				
Committee Members				
B. List of Current Proposals for necessary) i) Category A	or Genetic Manipu	lation Work (a	attach separate sheet if	

	ii) Category B			
	iii) Category C			
C.	. Report on Significant Accident or Incident attributed to Genetic Manipulation Work			
	(attach separate sheet if necessary)			
D.	List of Additional Comments for GMAC			

List of Approved Facilities for Genetic Manipulation Work

(Please complete one copy for each facility with a containment level equivalent to BSL3, and for each large scale facility.) Name of Facility : _____ Location Manager Special features of facility: Date of Last Inspection: Date of Previous Inspection: Period of room use and projects for which it has been used: Dates of Staff Training: (Cleaning Staff) _____ (Emergency Staff) _____ (Engineering Staff) List of Current Manuals and Inspection Date: Inspection Dates for: _____ (Air handling system) _____ (Alarms) _____ (Biosafety Cabinet) _____ (Building Finishes) _____ (Cleanliness) _____ (Centrifuges)

Please keep all necessary documentation as proof for the above, to be provided when requested by GMAC or during on-site inspections.

(Decontamination Equipment) (Effluent Disposal)

_____ (HEPA filters)

_____ (Sterilisers)

_____ (Refrigeration)