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## 2. Functions

### 2.7 Incident Reporting

#### 2.8.1 Description of Function

The function allows the facility administrator or a facility officer to submit the various incident reports. There are 5 different types of incidents as described below.

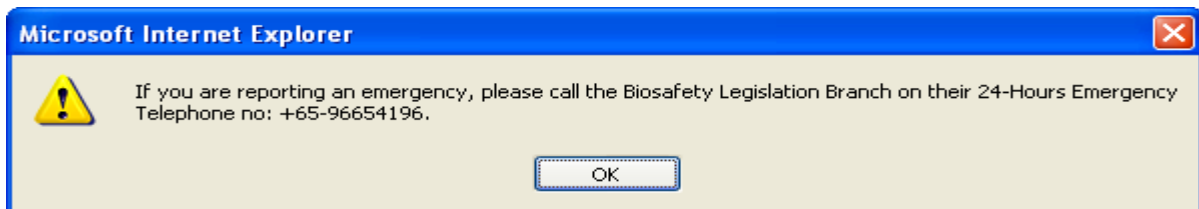
- (a) Adverse incident A
- (b) Adverse incident B
- (c) Adverse incident C
- (d) Suspected Infection
- (e) Confirmed Infection.

#### 2.8.2 Submission of Incident Report

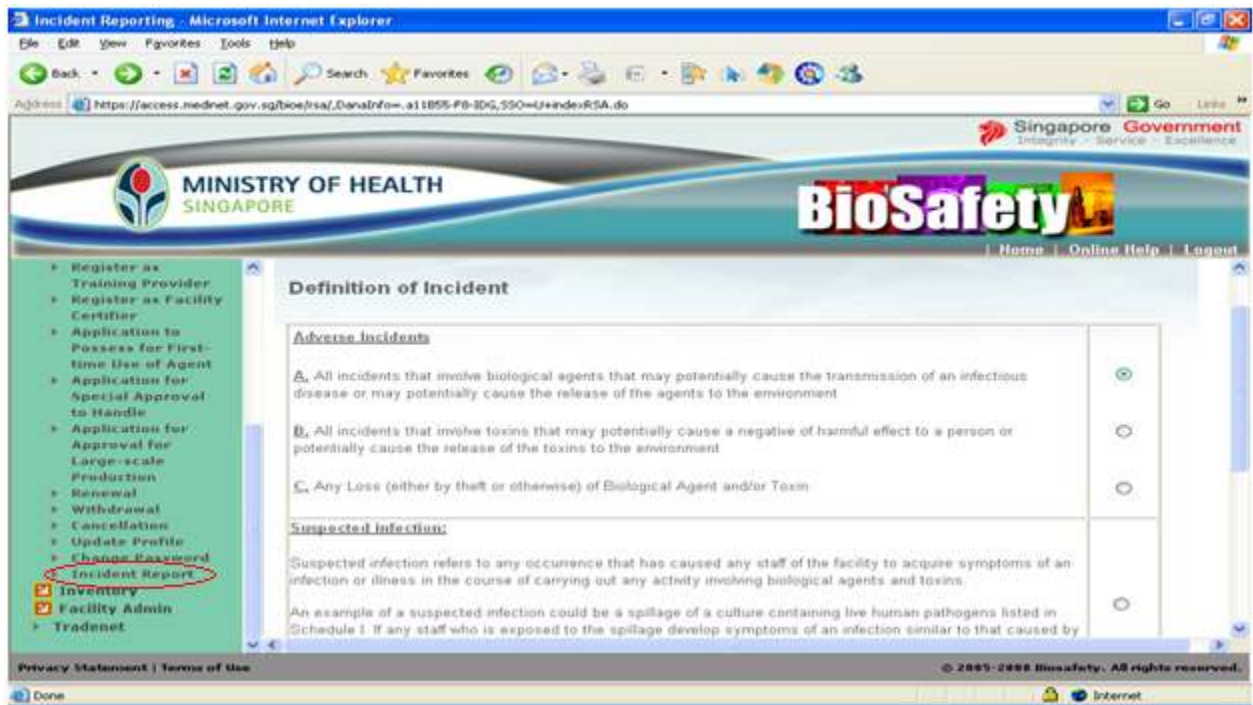
**Steps:**

1. Biosafety Internet website -> E-Services -> Login -> Incident Report

The system displays the below pop-up window.



After click on the OK button, system displays the "Incident Reporting" window as like below.



2. Select the incident type (either Adverse incident A, Adverse incident B, Adverse incident C, Suspected or Confirmed Infection) radio button and click on the “Report An Incident” button.

Please note that it is required that MOH should immediately be notified of any adverse incidents, suspected infection and confirmed infection in your laboratory facility.

Notification of transfer, receipt or failure of receipt is also required to be notified Biosis under "Notification of Receipt/Transfer" or via e-mail to moh\_biosafety@moh.gov.sg

**Report An Incident**

Last updated on 12 Jan 2011

3. The system displays the form of the selected Incident type (e.g. Adverse incident A).



4. Fill in the application form:

- i. Person Reporting the Adverse Incident A:

The System automatically retrieves the particulars of the person reporting the incident.


**Person Reporting the Adverse Incident A**

First Name\* : Nagendran  
Last Name\* : Govindaraj  
Name of Organization : cr20100001  
Address : Blk/Hse No 685, RACE COURSE ROAD #02-123, Singapore(210685)  
Tel No.\* : 12345678  
Role/Designation\* :

- ii. Person Involved in the Adverse Incident A

Fill in the information of the person involved in the Adverse Incident.


**Person Involved in the Adverse Incident A**

Title	:	<input type="text" value="Mr."/>	
First Name*	:	<input type="text" value="Jagath"/>	
Last Name*	:	<input type="text" value="Velan"/>	
NRIC/FIN (e.g. S1234567A)	:	<input type="text" value="G5793738L"/>	
Ethnic Group	:	<input type="text" value="Chinese"/>	
Name of Organization (if different from person reporting the incident)	:	<input type="text"/>	<input type="checkbox"/> Check if different
Address	:		
Postal Code	:	<input type="text" value="210685"/>	
Blk/Hse no.	:	<input type="text" value="685"/>	
Floor	:	<input type="text" value="12"/>	
Unit	:	<input type="text" value="121"/>	

iii. Details of the Incident  
Fill in the details of the incident.

Gender*	:	<input checked="" type="radio"/> Male	<input type="radio"/> Female	(Please tick)		
Role/Designation*	:	<input checked="" type="radio"/> Operator	<input type="radio"/> Staff	<input type="radio"/> Student/Intern	<input type="radio"/> Visitor	(please tick)

**Details of the Incident**

Time of Incident (hh:mm)*	:	<input type="text" value="12"/> : <input type="text" value="10"/>	
Date of Incident*	:	<input type="text" value="19/04/2011"/>	
Place of Incident* (Room number or a specific corridor or pathway)	:	<input type="text" value="LAB ROOM 17"/>	
Describe the Incident* (Maximum of 2000 characters including spaces)	:	<input type="text" value="Describe incident report here.."/>	

iv. Personnel present at the Place of Incident  
Fill in the Name of Personnel and Tel No and click on the “Add Personnel” button. Then personnel present at the place of incident are added into the list.

You may select the person added and click on the “Delete Personnel” button to remove the person from the list.

**List of Personnel present at the Place of Incident**

(Select and click 'Delete' to delete record)

<input type="checkbox"/> Name of Person	Telephone no.
<input type="checkbox"/> Bala	87654321
<b>Delete Personnel</b>	

**Personnel present at the Place of Incident**

Name of Personnel	:	<input type="text" value="Mahes"/>
Tel No.	:	<input type="text" value="23456789"/>
<b>Add Personnel</b>		

(Click to Add the Personnel to the List of Personnel present)

v. Information Required by Relevant Agencies

Select the agency that you wish to submit the report to (besides MOH). The report will be sent to the selected agency when you submit the incident form.

<input type="checkbox"/> Name of Agency	Information Required by Agency	Email Address	Response/Remarks
<input type="checkbox"/> Agency 1	Does the infected person has employment insurance? What is the residence status? Does the infected person has employment insurance?	abc@agency2.com.sg	<input type="text"/>
<input checked="" type="checkbox"/> Agency 2	What is the residential status: PR or citizen?	abc@agency2.com.sg	<input type="text" value="Residential Status is Citizen"/>

Preventive Measures (it may include measures that your facility plans to implement to prevent reoccurrence of similar incident.) :

vi. Supporting Documents

Add the document that need to be attached into the incident report by clicking on the "attachment" link.

You may select the attached document from the list and click on the "Delete" button to remove the document attachment from the incident report.

**Supporting Documents**

Please click on  attachment to add attachments. Maximum attachment size is 1 MB.

<input type="checkbox"/>	Document Type	File Name	Attached By	Attached Date
<input type="checkbox"/>	Certificate	<a href="#">select_jobs.txt</a>	Govindaraj, Nagendran	25/04/2011
<b>Delete</b>				

vii. Declaration

To submit the application form, select 'Accept' and click on the "Submit" button.

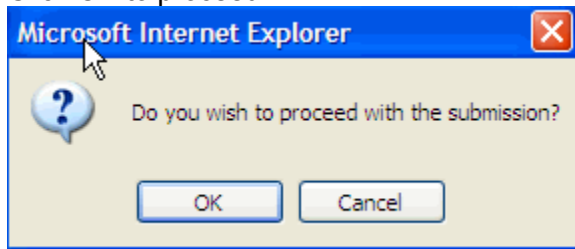
**Declaration**

I, hereby declare that the information supplied in this application is true and correct to my best knowledge and belief.

Accept  Decline



- viii. Click OK to proceed.



- ix. The system validates the entries. If there is no error, the system will display an acknowledgement page that will inform you of the application number. This application number shall be the reference number for future enquiry with the Biosafety Branch.

### **Acknowledgement Page**

Your application has been successfully submitted.

Please note that your application number is **20110425IR001** for your future reference.

Kindly check your application status in your workbench.

Last updated on 12 Jan 2011

**Note:**

The steps to submit Adverse Incident B, Adverse Incident C, Suspected Infection and Confirmed Infection incident are the same as above.

After the incident form has been successfully submitted, the incident form and details will be routed to MOH Biosafety Branch for their necessary action.

### 2.8.3 My Facility Incident Report

The applicant is able to query the Incident Report that they have submitted.

**Steps:**

1. Biosafety Website -> Login -> Work Bench -> My Facility Incident Report. Click on the Search button and all the Incidents reported by the facility shall be displayed.





2. Click on the Reference Number and the incident form shall be displayed.

**My Facility Incident Report**

Reference Number

Report Type

17 matching record(s)

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S/No	Company Name	Reference Number	Application Type	SubmissionDate
11.	cr20100001	<a href="#">20110301IR006</a>	Confirmed infection	2011-03-01 11:16:33.0
12.	cr20100001	<a href="#">20110302IR001</a>	Adverse Incident A	2011-03-02 16:02:55.0
13.	cr20100001	<a href="#">20110302IR002</a>	Adverse Incident B	2011-03-02 16:06:04.0
14.	cr20100001	<a href="#">20110302IR003</a>	Adverse Incident C	2011-03-02 16:10:33.0

3. After viewing the details of the incident, the user can click on the Back button to go back to the Search Page.

**Reporting of Adverse Incident A**

Application Number : 20110425IR001

**Person Reporting an Incident**

First Name\* : Nagendran  
Last Name\* : Govindaraj  
Name of Organization : cr20100001  
Address : Blk/Hse No 685, RACE COURSE ROAD #02-123, Singapore(210685)  
Tel No.\* : 12345678

**Person Involved in the Incident**

Title : Mr.  
First Name\* : Jagath  
Last Name\* : Velan  
NRIC/Fin (e.g. S1234567A) : G5793738L  
Ethnic Group : Chinese  
Name of Organization : As Above  
Address : Blk/Hse No 685, RACE COURSE ROAD #12-121, Singapore(210685)  
Tel No.\* : 12345678

Job Title : NIL  
Gender\* : Male  
Role/Designation\* : Operator

**Details of the Incident**

Time of Incident (hh:mm)\* : 12:10  
Date of Incident\* : 19/04/2011  
Place of Incident\* : LAB ROOM 17  
(Room number or a specific corridor or pathway)  
Describe the Incident\* : Describe incident report here..

**List of Personnel present at the Place of Incident**

Name of Person	Telephone no.
Bala	87654321

**Supporting Documents**

S/No.	Document Type	File Name	Attached By	Attached Date
1	Certificate	<a href="#">select_jobs.txt</a>	Govindaraj, Nagendran	25/04/2011

**Information Required by Relevant Agencies**

Name of Agency	Information Required by Agency	Response/Remarks
Preventive Measures (it may include measures that your facility plans to implement to prevent reoccurrence of similar incident.)		

**Back**

Last updated on 12 Jan 2011