

(Unofficial Translation)

**NOTIFICATION OF THE DEPARTMENT OF MEDICAL SCIENCES
RE: FORM FOR REPORT OF UNSAFE AND DANGEROUS SITUATIONS DUE TO THE PROCESSES
OR STEPS IN RELATION TO THE PRODUCTION, IMPORT, EXPORT, SALE, TRANSIT,
OR POSSESSION OF PATHOGENS OR ANIMAL TOXINS
B.E. 2562 (2019)**

By virtue of the provisions in Clause 2 of the Ministerial Regulation on the Notification in Unsafe and Dangerous Situations due to the Processes or Steps in Relation to the Production, Import, Export, Sale, Transit, or Possession of Pathogens or Animal Toxins B.E. 2562 (2019), the person receiving a certificate of notification or the person receiving a license shall report the occurred event as in the form in the attachments to this notification.

Notified on the 27th day of February B.E. 2562 (2019)
Opas Karnkawinpong
Director-General of the Department of Medical Sciences

This translation is provided by Department of Medical Sciences as the competent authority for information purposes only. Whilst Department of Medical Sciences has made efforts to ensure the accuracy and correctness of the translation, the original Thai text as formally adopted and published shall in all events remain the sole authoritative text having the force of law.

Form for Report of Unsafe and Dangerous Situations due to the Processes or Steps in Relation to the Production, Import, Export, Sale, Transit, or Possession of Pathogens or Animal Toxins

in accordance with the Ministerial Regulation on the Notification in Unsafe and Dangerous Situations due to the Processes or Steps in Relation to the Production, Import, Export, Sale, Transit, or Possession of Pathogens or Animal Toxins B.E. 2562 (2019)

Person receiving a certificate of Notification or a license	<p>(Mark <input checked="" type="checkbox"/> in <input type="checkbox"/> in front of the required statement)</p> <p><input type="checkbox"/> Natural person Name-Surname, aged years, Nationality, received <input type="checkbox"/> Certificate of Notification No. Date of Expiry <input type="checkbox"/> License No. Date of Expiry in <input type="checkbox"/> production <input type="checkbox"/> import <input type="checkbox"/> export <input type="checkbox"/> sale <input type="checkbox"/> transit <input type="checkbox"/> possession of pathogens/animal toxins</p> <p><input type="checkbox"/> Juristic Person in type of Name received <input type="checkbox"/> Certificate of Notification No. Date of Expiry <input type="checkbox"/> License No. Date of Expiry in <input type="checkbox"/> production <input type="checkbox"/> import <input type="checkbox"/> export <input type="checkbox"/> sale <input type="checkbox"/> transit <input type="checkbox"/> possession of pathogens/animal toxins</p>																																
Report of the Occurred Event and Action	<p>(1) Particulars of pathogens/animal toxins which is the cause of unsafety and danger</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th rowspan="2" style="width:5%;">No.</th> <th colspan="2" style="width:65%;">Name of Pathogens/Animal Toxins</th> <th rowspan="2" style="width:15%;">Pathogen/Animal Toxin Code</th> <th rowspan="2" style="width:15%;">Quantity/Amount (Count Unit)</th> </tr> <tr> <th style="width:30%;">Genus</th> <th style="width:35%;">Species</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>In the case where there are more than 5 particulars of pathogens/animal toxins, the additional documents shall be attached.</p> <p>(2) Incident of <input type="checkbox"/> Spill <input type="checkbox"/> Contamination <input type="checkbox"/> Transmission <input type="checkbox"/> Loss <input type="checkbox"/> Increase in quantity or amount in excess of which it can be possessed. <input type="checkbox"/> Others (specify)</p> <p>(3) Cause, fact, level of severity, and information related or believable that it causes the said unsafety and danger. </p> <p>(4) Corrective action for the primary alleviation of situations or prevention for non-occurrence of the situation in a higher severity. </p>	No.	Name of Pathogens/Animal Toxins		Pathogen/Animal Toxin Code	Quantity/Amount (Count Unit)	Genus	Species	1					2					3					4					5				
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in accordance with the Ministerial Regulation on the Notification in Unsafe and Dangerous Situations due to the Processes or Steps in Relation to the Production, Import, Export, Sale, Transit, or Possession of Pathogens or Animal Toxins B.E. 2562 (2019)

	(5) Additional action
<p>In the case where the person receiving a certificate of notification/the person receiving a license may not notify the event or report the action by himself/herself.</p> <p>Reason</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

I hereby certify that the above details are true in all respects, and the related documents are real originals or proper copies.

Signed Reporter
 (.....)
 Position
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