



e-form

# Notification Form for the use of Group 2, 3 or 4 Biological Agent



Complete form must be submitted to OHSA, Chemical Section 30 days prior to the commencement of work involving the use for the first time of a group 2, 3, or 4 Biological Agent (*Biological Agents are defined in Regl. 2 of LN 228 of 2003*) or for the first time of each subsequent group 4 biological agent and any subsequent new group 3 biological agent where the employer himself classifies that biological agent as per Regl. 13 of LN 228 of 2003 [S.L.424.25]

## Section A

Name of Company/Establishment

MFSA Company Registration  
Number

Full Address of  
Company/Establishment

Contact Telephone/Mobile

Address of premises where the  
biological agent will be stored or  
used (if different to that stated  
above)

Date of Notification

Type of Notification

First time use of Biological agent(s) groups 2, 3 or 4

Each subsequent use of a new self-classified group 3 biological agent

Each subsequent use of a new group 4 biological agent

Re-notification following substantial changes to processes/procedures

Other

If 'Other' please state why or if  
re-notification state reasons why

## Section B

Type of Biological Agents being notified

Species of Biological Agent

Classification Group

Name(s) of people responsible for Safety & Health at work

Qualifications of people responsible for Safety & Health at work

Relevant experience of people responsible for Safety & Health at work

Has a suitable, sufficient and systematic Risk Assessment (RA) been carried out as required by Regl. 3 of LN 228 of 2003?

Name of person carrying out RA

Salient control measures highlighted in RA

## Section C

Name of Notifier

Position in Company/Establishment

Contact Telephone/Mobile

Email Address

Prior to the commencement of any work related to the use for the first time of a group 2, 3, or 4 biological agent or for the first time of each subsequent group 4 biological agent and any subsequent new group 3 biological agent where the employer himself classifies that biological agent as per Regl. 13 of LN 228 of 2003 [S.L.424.25], the completed form has to be at OHSA, Chemical Section (email: [chemicalagents.ohsa@gov.mt](mailto:chemicalagents.ohsa@gov.mt))

*The Data Protection Act XXVI, 2001 requires that the Occupational Health and Safety Authority (OHSA) informs you that this form may include information about you (this is called 'personal data' in the Act) and that we are a 'data controller' for the purposes of this Act.*

*OHSA will process the data for health and safety purposes. OHSA may disclose the data to any person or organisation for the purposes for which it was collected or where the Act allows disclosure.*

*As data subject, you have the right to ask for a copy of the data and to ask for any inaccurate data to be corrected.*