DARTMOUTH COLLEGE

Environmental Health & Safety

Biological Safety Program



**BIOHAZARD INCIDENT REPORT FORM**

***Instructions:*** *This form should be completed by lab principal investigators (PIs), supervisors, or the person involved in the incident. Please provide information in the grey boxes and select the appropriate checkboxes. Please email the completed form to the Biosafety Officer at*

biosafety@dartmouth.edu *within 24hrs of the incident.*

***Please note*** *– if this involved an injury, an Injury Report Form also needs to be submitted to Dartmouth Risk Management (*[*http://www.dartmouth.edu/~rmi/rmsclaims/*](http://www.dartmouth.edu/~rmi/rmsclaims/)*).*

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| **REPORT INFO** |

**Report Date:**

**Name:**

**Phone:**

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| **INCIDENT INFO** |

**Date of Incident:**

**Location** (building, room):

**Name and role** (*undergrad, grad, postdoc, tech, manager, etc.*) **of person involved in incident**:

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| **INCIDENT DETAILS** |

**1.** Type of incident (*select all that apply*):

 [ ]  Needlestick

 [ ]  Puncture wound

 [ ]  Skin laceration or other sharps injury

 [ ]  Scratch

 [ ]  Animal bite

 [ ]  Animal scratch

 [ ]  Splash to mucous membrane: [ ]  Eyes [ ]  Nose [ ]  Mouth

 [ ]  Inhalation of aerosol

 [ ]  Spill

 [ ]  Environmental release (*anything outside of the lab, vivarium, or plant facility*) of an animal/animal product, plant product, microorganism, or human material

**2.** Did the incident involve (*select all that apply; list strain names where applicable*):

 [ ]  Human materials (cells, tissues, cultured media, blood, etc.)

 [ ]  Recombinant or synthetic DNA or RNA

 [ ]  Viral vectors

 [ ]  Infectious or pathogenic agents (bacteria, viruses, fungi, prions, etc.)

 [ ]  Transgenic animals

 [ ]  Transgenic microorganisms

 [ ]  Transgenic invertebrates

 [ ]  Transgenic plants

 [ ]  Working in a biosafety cabinet

 [ ]  Working alone: [ ]  during work hours [ ]  after hours [ ]  weekend

**3.** If this involved an injury, what personal protective equipment (PPE) was worn at the time of the incident? (*select all that apply*)

 [ ]  Bouffant cap [ ]  Disposable gown [ ]  Disposable sleeves [ ]  Face mask [ ]  Face shield [ ]  Goggles [ ]  Lab coat [ ]  N95

 [ ]  Nitrile gloves [ ]  Safety glasses [ ]  Shoe covers

 [ ]  None

 [ ]  Other

**4.** Please briefly describe the incident (*how did it happen, did it involve an injury, what first aid measures were taken, was medical attention sought, cleanup/containment actions, etc.*)

**5.** How will you ensure this incident does not occur again in the future?

**Signature:**

**-----------------------------------------------------------------------------------------------------------------------------------**

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| ***For Biosafety Program Use Only:*** |

*Receipt date:*

*Reportable to the IBC:* [ ]  Yes [ ]  No

*Reportable to NIH/OBA or other:* [ ]  Yes [ ]  No

*Follow-up completed:* [ ]  Yes [ ]  No

*Notes:*

*Reviewed by:*

 *Signature:*