NOTE: These instructions are for reporting a biohazard exposure or an incident involving a biological agent.

For all other types of injuries (slips, falls, etc.), please refer to your immediate supervisor and the office of Risk and Internal Controls Services at: http://www.dartmouth.edu/~rmi/
Biosafety Program webpage:  http://www.dartmouth.edu/~ehs/biological/_

From the Biosafety Program home page click “REPORT”.
This page has links to two (2) reports which both need to be completed within 24 hours and returned to two (2) different contacts.
The “Biohazard Incident Report Form” is to be returned to Biological Safety Officer. The “Risk Management Injury/Accident Form” should be send to David Foster or Kim McBride. Detailed instructions are on the forms.

NOTE: the “Risk Management Injury/Accident Form” button here takes you to the Risk and Internal Control Services page (see slide 7).
**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 petrella@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).

**REPORT INFO**

Report Date:
Name:
Phone:

**INCIDENT INFO**

Date of Incident:
Location (building, room):
Name and role (undergrad, grad, postdoc, tech, manager, etc.) of person involved in incident:

**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):
   - 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
   - Face shield
   - Disposable gown
   - Disposable sleeves
   - Face mask
   - Nitrile gloves
   - Goggles
   - Lab coat
   - Safety glasses
   - Shoe covers
   - None
   - Other

4. Please briefly describe nature of the incident (how did it happen, did it involve an injury, what first aid measures were taken, was medical attention sought, how did the accident, spill, or release occur, etc.)

**Signature: ____________________________

For Biosafety Program Use Only:

Receipt date: __________________________________________
Reviewed by: _________________________________________

Signature: __________________________________________

Reportable to the IBC: □ Yes □ No
Reportable to NIH/OBA or other: □ Yes □ No

The “Biohazard Incident Report Form” is a two page form that is returned to the Biological Safety Officer. Always, use the form available on the Biosafety Program website, which will be the most current version of the form.
To download the Risk and Internal Controls Services form click on the link “WC Injury Report” this report, MUST be submitted within 24 hours to either Dave Foster or Kim McBride. This form is for Worker’s Compensation.
This is what the WC Injury Report form looks like. Always use the one from the Risk and Internal Control Services page as it will be the most current version.