Appendix 1: Biohazardous Material Incident Report

BIOLOGICAL MATERIAL INCIDENT FORM

This form is to be filled out for:

- Overt exposures to biological materials such as injection, splashes to the eyes, nose or mouth, or aerosol exposure.
- Potential exposures to biological materials such as through spill cleanup, or containment failure while working with an agent and process that might generate aerosols.
- All biological material spills.

Incident Date: ___________________ Estimated Incident Time: ___________________

Personnel Involved: ____________________________________________________________

Contact information (phone and e-mail): __________________________________________

Witnesses (if any): ___________________________________________________________

Location (building and room #): _________________________________________________

Equipment Involved:  _________________________________________________________

Biological materials, Chemicals or Fluids Involved:
(specify whether human source materials were involved, infectious agents, rDNA molecules or a gene product, biological toxin, etc.)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Description of Incident:
(specify whether it was a needle stick, splash to eyes, nose or mouth, skin exposure, or biological material spill)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Cause of Incident: ____________________________________________________________
___________________________________________________________________________

Exposure/Injury That Occurred: ________________________________________________
Medical Treatment Details (if any): 

Description of Immediate Response (first aid &/or cleanup & disposal methods): 

Persons Involved in First Aid/Cleanup: 

Recommendations for Prevention of Incident: 

Follow-up and Corrective Actions: 

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Affected Individual:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
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<tr>
<td>EHS:</td>
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