**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 yellow boxes and select the appropriate checkboxes. Please email the completed form to the Biosafety Officer at [Biosafety@UNT.edu](mailto:Biosafety@UNT.edu).

**Please note**: if this involved an injury, an [**Incident Report Form**](https://riskmanagement.unt.edu/sites/default/files/incident_report_form.pdf) also needs to be submitted to Risk Management.

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| **Incident Information** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principle Investigator | | | | | | Department | | Phone | |
| Click here to enter text. | | | | | | Click here to enter text. | | Click here to enter text. | |
| Is this an NIH funded project?  Yes  No | | | | | | | | | |
| Location of incident, including building and room # | | | | | | | | Time of incident | |
| Click here to enter text. | | | | | | | | Click here to enter text. | |
| Name and role of person involved in the incident | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| 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 | | | | | | | | | |
| Environmental release (anything outside of the lab, vivarium, or plant facility) of an animal/animal product, plant product, microorganism, or human material. | | | | | | | | | |
| Other; please describe: Click here to enter text. | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 Click here to enter text. | | | | | | | | | |
| Did the Institutional Biosafety Committee (IBC) approve this research? | | | | | | | | | |
| If yes, please provide IBC # | | | Click here to enter text. | | | | | | |
|  | Approval date: | | Click here to enter text. | | | | | | |
|  | Approved biosafety level(s) for the research: | | | | Click here to enter text. | | | | |
|  | Additional approval requirements: | | | Click here to enter text. | | | | | |
| What (if any) section(s) of the NIH Guidelines is the research subject to? | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| Description of agent, recombinant, or synthetic agent or material involved (please indicate strain, attenuation, etc. as relevant). | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| Please briefly describe the 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.) | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| Has a root cause for this incident been identified?  Yes  No | | | | | | | | | |
| If yes, please describe: Click here to enter text. | | | | | | | | | |
| Describe measures taken to mitigate any problems identified: | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |

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| ***For Biosafety Program Use Only*** | |
| *Receipt date* | Click to enter a date. |
| *Reviewed by* | Click here to enter text. |
| *Signature* |  |
| *Reportable to the IBC?* | *Yes  No* |
| *Reportable to NIH/OBA or other?* | *Yes  No* |