**IBC & Biosafety Incident Reporting Form**

***All reports must be submitted to the Institutional Biosafety Officer, David Cavallaro***

Submit report as an electronic **Word Document** to: ibc@uconn.edu, orfax it to **860-486-1106**

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| SECTION 1. PERSON REPORTING |
| NAME:       | CONTACT NUMBER:       |
| PRINCIPAL INVESTIGATOR:       | CONTACT NUMBER:       |
| IBC REGISTRATION NUMBER:       | DEPARTMENT:       |

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| SECTION 2. INCIDENT INFORMATION |
| BUILDING/ ROOM:       | DEPARTMENT/AREA:       |
| LOCATION OF INCIDENT:       | DATE AND TIME OF INCIDENT:       |
| NAME OF INVESTIGATOR:       | DATE AND TIME INVESTIGATION BEGAN:       |
| **MATERIALS INVOLVED** *(check all that apply)* |
| [ ]  rsNA or a recombinant gene product      [ ]  Infectious agent      [ ]  Exempt Select Agent  | [ ]  Human blood, other body fluids, cell lines, and/or OPIM [ ]  Other       |
| **TYPE OF INCIDENT** *(check all that apply)* |
| [ ]  Personnel injury or exposure (see INJURY/EXPOSURE)[ ]  Serious or continuing non-compliance with *NIH Guidelines* or IBC Policies[ ]  Minor spill (see SPILL/RELEASE)[ ]  Breach of containment, including spills outside Biosafety cabinet (see SPILL/RELEASE)[ ]  Missing transgenic or genetically modified animals[ ]  Other, unanticipated event |
| **Spill/Release** | **INJURY/EXPOSURE** |
| DID A SPILL/RELEASE OCCUR:[ ]  YES [ ]  NO | INJURED’S POSITION:       |
| QUANTITY       | PART OF BODY:  |
| SPILL OCCURRED:[ ]  Inside biosafety cabinet[ ]  Outside biosafety cabinet in lab[ ]  Outside lab[ ]  Other, describe       |  NATURE OF INJURY: [ ]  Needle stick[ ]  Splash[ ]  Cut[ ]  Other, describe       |
| **DID AN INJURY OR EXPOSURE RESULT FROM THE SPILL/RELEASE?**[ ]  YES (complete INJURY/EXPOSURE section)[ ]  NO |
| **DESCRIBE HOW THE INCIDENT OCCURRED, INCLUDE TIME LINE AND SPECIFIC DETAILS:**      |

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| **SECTION 3. TREATMENT/CLEANUP** |
|  **INJURY/EXPOSURE** | **Spill/Release** |
| Immediate Action Taken: [ ]  Cleansed affected area[ ]  Rinsed with eyewash / safety shower [ ]  Person received medical attention[ ]  Notified IBC[ ]  Notified EH&S[ ]  Complete [DAS WC 207](http://web2.uconn.edu/hrnew/docs/WC207.pdf) Form[ ]  Other:       | Immediate Action Taken:[ ]  Spill contained and disinfected (small spill)[ ]  Room Evacuated (large spill)[ ]  Notified IBC[ ]  Notified EH&S[ ]  Other:       |
| **DESCRIBE TREATMENT / CLEANUP PROCEDURE**, **INCLUDE TIME LINE AND SPECIFIC DETAILS:**(If the description extends beyond this box, please continue in box on second page).      |

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| **SECTION 4. ADDITIONAL INFORMATION** |
| **1) Has there been any signs of illness associated with the incident?**  |
|       |
| **2) List relevant training received by the individual(s) involved, as well as the date(s) that training was conducted:**  |
|       |
| **3) Does the lab have standard operating procedures (SOPs) for this research?** [ ]  YES [ ]  NO  *If yes, was there any deviation from the SOP at the time of incident? Please describe.* |
|       |
| **4) List the personal protective equipment (PPE) donned at the time of incident:**  |
|       |
| **5) Was an equipment failure associated with this incident?** [ ]  YES [ ]  NO  *If yes, please describe.* |
|       |
| **6) Has the root cause of the incident been identified?** [ ]  YES [ ]  NO  *If yes, please describe.* |
|       |

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| **SECTION 5. IBC / BIOSAFETY USE ONLY** |
| **1) Has Biosafety and the IBC reviewed this incident?** [ ]  YES [ ]  NO *If yes, please provide a copy in the minutes of the IBC meeting, in which the incident was reviewed.* |
|       |
| **2) Has a report of the incident been made to local, state, or federal agencies as appropriate?** *If yes, please indicate by selecting the applicable boxes.* |
| [ ]  CDC[ ]  USDA [ ]  FDA[ ]  EPA[ ]  OSHA | [ ]  NIH[ ]  Research Funding Agency / Sponsor:      [ ]  State / Local Department of Public Health[ ]  Federal / State / Local Law Enforcement[ ]  Other, please describe:       |
| **3) IBC or Biosafety’s recommended follow up actions:** |
|       |