**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](mailto: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?** | |
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| **2) List relevant training received by the individual(s) involved, as well as the date(s) that training was conducted:** | |
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| **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.* | |
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| **4) List the personal protective equipment (PPE) donned at the time of incident:** | |
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| **5) Was an equipment failure associated with this incident?**  YES  NO  *If yes, please describe.* | |
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| **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.* | | |
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| **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:** | | |
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