

Biohazard Incident Report Form

Instructions: Use this form to report any biohazard exposures (actual or potential), spills, releases outside of research areas, near misses, or any other occurrence that presents a safety concern regarding biological materials. This form should be completed by the person involved in the incident, their supervisor, or the lab PI. Please fill in the requested information as appropriate, then email the completed form to the Biosafety Officer at biosafety@dartmouth.edu within 24 hours of the incident.

If this involved an injury, an Injury Report Form must be submitted to Risk Management. This form is required by Dartmouth but will also help the affected individual(s) if any medical expenses were incurred. Students and staff should all use the employee form, which must be submitted within 24 hours of the incident. The form is at <https://www.dartmouth.edu/rmi/rmsclaims/employee-injury-report.html>.

I. REPORT INFO

Report date: _____

Name: _____

Phone: _____

II. INCIDENT INFO

Date and time of incident: _____

Building & room: _____

Name and role of person involved in incident: _____

III. INCIDENT DETAILS

A. Type of incident (select all that apply)

- Environmental release (outside of research area)
- Sharps injury (needlestick, puncture, cut, scratch)
- Animal bite or scratch
- Splash onto clothing or skin
- Inhalation
- Spill
- Other (describe): _____

B. Materials involved (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 organisms
- Other

Describe (specific agent/strain): _____



C. Practices (select all that apply)

- Bouffant cap Disposable gown Disposable sleeves Face mask
 Face shield Lab coat N95 Nitrile gloves
 Safety glasses Safety goggles Shoe covers No PPE

Working in a biosafety cabinet Working in a chemical fume hood

Other lab members were present

Other PPE, equipment, etc. (describe): _____

D. Narrative

Please describe the incident (exactly what happened, how it happened, any exposures/injuries, first aid or medical attention sought, cleanup/containment actions, notifications, etc).

IV. FOLLOW-UP

Please describe any further follow-up planned, including the actions you will take to prevent a similar incident in the future (specific procedural or equipment changes, review/retraining, etc).

Signature (electronic is acceptable):



V. BSO NOTES (*For Biosafety Program Use Only*)

Receipt date:

Received within 24 hours: Yes No

Injury Report Form submitted: Yes No

Reportable to the IBC: Yes No

Reportable to NIH/OBA/other: Yes No

Follow-up completed: Yes No

Notes:

Reviewed by: _____

Date:

Biosafety Officer signature
(electronic is acceptable):