**INCIDENT REPORT FORM**

This form must be completed and signed by the principal investigator (PI) or designated representative, not the employee, and must be submitted *within 7 days* to the Office of Research-NSU via email or by in-person delivery.

|  |  |  |  |
| --- | --- | --- | --- |
| IBC Protocol #: |        | PI: |       |
| Describe the experimentation (if applicable) |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Date: |        | Incident Time: |       |
| Incident Location(s): |       |

How many individuals were involved?

Did the incident involve any biological or recombinantly modified agents (if yes, complete section 2)?

 Yes No

Did the incident involve animals exposed to biological or recombinantly modified agents (if yes, complete section 3)? Yes No

*Section 2- Incidents involving biological or recombinantly modified agents*:

What agent(s) was in use at the time the incident occurred?

Was the agent(s) recombinantly modified? Yes No

Provide a detailed description of the incident (include a description of any injuries, routes of exposure, first aid administered, clean-up procedures, etc. Attach additional pages if necessary):

|  |
| --- |
|  |

*Section 3- Incidents involving animals exposed to biological or recombinantly modified agents*:

Animal species:

What agent(s) was the animal exposed to?

Was the agent(s) recombinantly modified? Yes No

Provide a detailed description of the incident (include a description of any injuries, routes of exposure, first aid administered, clean-up procedures, etc. Attach additional pages if necessary):

|  |
| --- |
|  |

*Section 4- Root cause and corrective action:*

Is there a Standard Operating Procedure (SOP) for the work being

conducted at time of incident (if yes, attach copy)? Yes No

Was the SOP being followed at the time this incident occurred? Yes No

 If no, specify:

Are engineering controls (e.g., biosafety cabinet) used for this work? Yes No

If yes, specify:

Were ALL engineering controls used/working properly? Yes No

If no, specify:

Is personal protective equipment required for this work? Yes No

If yes, specify:

Was ALL personal protective equipment available/used during the work? Yes No

If no, specify:

Has a cause for this incident been identified? ☐ Yes ☐ No

If yes, specify: (e.g., engineering controls or personal protective equipment failed or were not used properly

|  |
| --- |
|  |

What changes do you believe will prevent this incident from happening again?

|  |
| --- |
|  |

 For any questions, email to bio.safety@northsouth.edu