OFFICE OF
LABORATORY
& FIELD SAFETY
CENTRAL MICHIGAN
UNIVERSITY

BIOHAZARD INCIDENT REPORT FORM

Instructions: This form should be completed by lab supervisors, principal investigators (PIs), lab instructors, or the person involved in the incident. Complete the appropriate information below and send to the Office of Laboratory and Field Safety at labfieldsafety@cmich.edu. Please forward this information as soon as possible-preferably within 24 hours of the incident.

General Information

Your Name:_____

Email:_____

Phone number:(_____)_____

Report Date: (dd/mm/year)_____

Incident Information

Name of person in incident:_____

Role: (employee, student, visitor, etc.)_____

Lab Location: (building and room)_____

Witness Names_____

_____

Lab Information: (check all that apply)

☐BSL1	☐Research Lab	☐Controlled access
☐BSL2	☐Academic lab	☐Hand washing sink
☐BSL3	☐ Insectary	☐Biosafety cabinet in use
☐Eyewash	☐Animal room	☐Safety shower
☐SOPs	☐Training Documents	☐Sharps protocols
☐Signage	☐Emergency contact info.	☐Lab Manual

☐Other_____(specify)

Nature of Incident (check all that apply)

☐Needle stick	☐Puncture wound	☐Laceration
☐Aerosol exposure	☐Animal bite	☐Animal scratch
☐Spill	☐Environmental release outside of lab	
☐Splash to:	eyes nose mouth (circle)	

☐Unknown exposure_____(specify)

Agents Involved (check all that apply)

☐Human Derived Materials
☐Bloodborne pathogens
☐Recombinant DNA
☐Viral Vectors
☐Biological toxin
☐Infectious or Pathogenic Agent

Other_____(specify)

Personal Protective Equipment Used

☐Nitrile Gloves	☐Lab coat	☐Shoe/Head covers
☐Safety Glasses	☐Safety Goggles	☐Face shield

☐Respiratory Protection_____(specify)

☐Other_____ (specify)

Description of Incident: (Use separate page if needed)
(What happened, immediate response/first aid measures taken, medical treatment provided, cause of incident if known, etc. (include dates and times if possible)

Signature_____ Date_____

Biosafety Program Use Only:

Date Received:_____

Reviewed by:_____

Follow-up:_____

Reported to:_____

Attached Documents:_____