Confidential Office of Biosafety Incident Report Form

TEXAS A&M UNIVERSITY

Section 1: Report of an Incident

Report Prepared by: _____

Date of Report: _____ Date of Incident: _____ Time of Incident: _____ AM / PM

Reporter's Email: _____ Reporter's Work Phone: _____

Principal Investigator: _____ PI's Dept.: _____

Nature of Incident (please circle): [If no person was potentially exposed, please skip section 2]

Exposure of Person(s) Spill Loss of Containment
Loss of Transgenic Animal Failure to Obtain IBC Permit
Failure to Follow Approved Containment Conditions
Other (please describe) _____

Was any individual exposed to recombinantly modified material? YES ☐ NO ☐

Section 2: Person Involved (One Report for Each Individual Involved)

Person Involved: _____ UIN: _____

Email: _____ Phone: _____

ACCIDENT LOCATION AREA

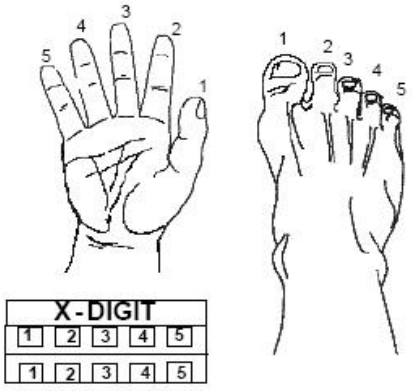
BLDG / FLOOR / ROOM # / EXTERIOR LOCATION

GENERAL: (Mark an X in the appropriate areas)

☐ OFFICE	☐ STAIRWELL	☐ OPERATING ROOM
☐ HALLWAY	☐ PARKING LOT/SIDEWALK	☐ OTHER: _____
☐ ELEVATOR	☐ LABORATORY	

BODY PART AFFECTED

X MARK APPROPRIATELY	X - R - Right L - Left	R	L
Head	Eye		
Face	Shoulder		
Neck	Arm		
Chest	Hand		
Stomach	Leg		
Lower Back	Knee		
Upper Back	Ankle		
Groin	Foot		
Coccyx	Toe		
Other	Finger		



INJURY TYPE

X MARK APPROPRIATELY	
	Fall
	Needle Stick
	Exposure
	Sprain / Strain
	Burn
	Contusion / Bruise
	Bite**Describe Source Below
	Laceration / Cut
	Assault
	Eye Injury
	Rash
	Other-Describe Below

Was first aid administered at time of the incident? _____ If yes, please give details: _____

_____

_____

Section 3: Incident

Describe What Happened (Attach additional page if necessary): _____

_____

_____

_____

_____

_____

Is there a Standard Operating Procedure (SOP) for the work being conducted at time of incident? _____ If yes, attach copy.

Was SOP being followed at the time this incident occurred? _____

Are engineering controls used for this work? _____ If yes, specify: _____

Were ALL engineering controls used/working properly? _____

Is personal protective equipment required for this work? _____ If yes, specify: _____

Was ALL personal protective equipment available/used during the work? _____

Has a cause for this incident been identified? For example, engineering controls or personal protective equipment failed or were not used properly?

_____

_____

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

_____

_____

Section 4: Biological Agent(s) / Animal Species

Animal Species Involved _____ Biological Agent of Concern: _____

Route of Exposure: _____

Was the pathogen involved in this incident recombinantly modified? _____

Was the animal involved in this incident injected with a genetically modified organism? _____

Did the appropriate Texas A&M University permitting committee approve the research, teaching, or testing activities in your lab? _____

If yes, please provide:

IBC Permit # _____ AUP # _____

Approved biosafety level for the research _____

Is this person approved for work on all applicable permits? _____