

Office of Biosafety  
Incident Report Form



**\*\*PLEASE NOTE-** This form should be completed only for incidents involving biohazardous materials. Incidents involving hazardous chemicals or other physical hazards should be reported to Environmental Health and Safety. Please contact EH&S at ehdsd@tamu.edu or call 979-845-2132 for additional instructions\*\*

**Section 1: Report an Incident**

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM / PM

Location of Incident (building and room number): \_\_\_\_\_

Principal Investigator (PI): \_\_\_\_\_ PI e-mail address: \_\_\_\_\_

IBC permit number: \_\_\_\_\_

Animal use protocol (AUP) number, if applicable: \_\_\_\_\_

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

Y      N

Did the incident involve animals exposed to biological or recombinantly modified agents (if yes, complete section 3)?

Y      N

**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? Y      N

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 page 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? Y      N

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 page 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)? Y      N

Was the SOP being followed at the time this incident occurred? Y      N

If no, specify: \_\_\_\_\_

Are engineering controls (e.g., biosafety cabinet) used for this work? Y      N

If yes, specify: \_\_\_\_\_

Were ALL engineering controls used/working properly? Y      N

If no, specify: \_\_\_\_\_

Is personal protective equipment required for this work? Y      N

If yes, specify: \_\_\_\_\_

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

If no, specify: \_\_\_\_\_

Has a cause for this incident been identified? Y      N

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?

*Office of Biosafety/Biosafety Occupational Health Program Use Only*

## Biosafety Occupational Health Privacy Notice

The Texas A&M University (TAMU) Biosafety Occupational Health Program (BOHP) is charged with ensuring that participants at risk of exposure to:

- Pathogens or potential pathogens of humans, or
- Animals and their allergens

in the context of IBC (Institutional Biosafety Committee) or IACUC (Institutional Animal Care and Use Committee) permitted teaching, research, or testing activities are provided the best possible information regarding the biological or animal-related hazards to which they are exposed. The BOHP also provides access to occupational health providers (OHP) as needed.

Enrollment and participation in the BOHP requires that we collect personal information (PI) (e.g. name, DOB, phone number). The personal information that you are asked to provide is necessary for us to facilitate access to health services provided by the Occupational Health Provider (OHP). The BOHP respects your right to privacy and has a professional responsibility to safeguard your confidentiality. The Research Technology Services office in the TAMU Division of Research ensures that any confidential information collected by the BOHP and the OHP is protected from unauthorized or indiscriminant release, and is compliant with applicable state and federal regulations for the collection, use, storage and transmission of PI. The following discloses our policy for collecting and disseminating your information:

- 1) The BOHP and OHP collect what is necessary to assess and mitigate your risk when working in areas where human pathogens and/or animals are present;
- 2) The OHP will only share your personal information as necessary for treatment, payment of health services, for the purpose of evaluating workplace accommodations or workplace suitability, or for the purpose of providing emergency care and treatment by another healthcare provider;
- 3) You have the right to access your employee health records. Records may include physical examination notes, titer results, etc. Health records requests should be submitted to BOHP via email ([bohp@tamu.edu](mailto:bohp@tamu.edu)).
- 4) The BOHP and OHP will maintain your employee health records in a secured location. Only authorized personnel will have access to these records.

If you have questions or concerns about this policy please contact us at [bohp@tamu.edu](mailto:bohp@tamu.edu).