



BIOLOGICAL LABORATORY INCIDENT REPORT

TO BE COMPLETED BY PERSON INVOLVED IN THE INCIDENT. Submit completed form to your supervisor within 24 hours of the incident.

COLLEGE/SCHOOL/DEPARTMENT			
LOCATION	DATE OF OCCURANCE	TIME	AM PM
PERSONAL INJURY YES NO	WORK RELATED INJURY YES NO		
PROPERTY DAMAGE YES NO	MEDICAL ATTENTION/TREATMENT YES NO		
REPORTED BY	DATE REPORTED	TIME	AM PM
PERSON NOTIFIED	DATE REPORTED	TIME	AM PM
DESCRIPTION OF INCIDENT. Describe in detail what took place. Include the date and time of the incident, the location the incident occurred, list all witnesses and others who were involved. (What personal protective equipment was used? What equipment was being used?)			
ASSESSMENT. Explain the possible cause of the incident (Why did this occur?); What factors were involved? List any pertinent information.			
PREVENTIVE MEASURES. Describe the measures that will be taken or will be taken to prevent reoccurrence.			
Reviewed by:	Print Name and Sign		
Supervisor:		Date:	
Principal Investigator:		Date:	
Lab Director		Date:	



Lab Biological Laboratory Incident Report Supervisor's Assessment

TO BE COMPLETED BY THE SUPERVISOR AND SUBMIT TO AWBP OFFICE WITHIN 24 HOURS OF NOTIFICATION OF THE INCIDENT.

The Supervisor should also contact the appropriate school/college HR and Risk Management if the events resulted in work related injury/ illness.

ASSESSMENT OF THE PROBLEM: Explain the plausible cause of the incident (Why did this occur?); What factors were involved? Was there sufficient training or should more be required? What PPE was provided? What PPE was used? What PPE should have been used? What environmental factors (building, noise, vapors, lighting) were involved? What corrective action(s) have been taken? List the preventive measures proposed and any other pertinent information.

PREVENTIVE MEASURES. Describe the measures that will be taken or will be taken to prevent reoccurrence

Supervisor submitting Report: _____ Date: _____

Reviewed by: _____ Date: _____