**Laboratory Incident and Accident Report Form**

This form should be completed whenever there is an accident or exposure incident in a BSL2 lab. The form may also be completed in the event of a “near miss” incident; the information may be useful in the modification of protocols so that “near miss” incidents and accidents are prevented. If a medical evaluation was received, then the Blood and Body Fluid Exposure form found in the Exposure Control Plan must also be completed.

**Exposure Details**

|  |  |
| --- | --- |
| Name of exposed individual: |  |
| Date, time and location of exposure: |  |

Explain the circumstances that resulted in the incident or exposure. What job were you doing?

Was the incident or exposure the result of:

a splash\_\_\_\_\_\_\_\_

a needlestick or puncture\_\_\_\_\_\_\_

an animal bite \_\_\_\_\_\_\_\_\_

Was a sharp device involved?

If yes, explain what type of device, what material was in the device and what volume of material was involved.

Severity of exposure or injury:

Percutaneous: depth of injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

was fluid injected?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skin or mucous membrane exposure: was the skin abraded/chapped or intact?

Bite: was blood drawn?

Did you receive or decline a medical evaluation?

Signature of student/employee Date and time

Signature of PI or Research advisor Date and time