



IBC Office: (612)626-5654 or ibc@umn.edu

INCIDENT REPORT FORM FOR POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS

Complete this form electronically and send to ibc@umn.edu. If the associated study is approved in eProtocol, please do not use this form. Complete and submit an Incident Report within eProtocol. Contact the IBC office with questions.

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|------------------------|--|-------------------------|--|
| IBC Code #: | | Principal Investigator: | |
| Primary Project Title: | | | |

| | | | |
|-----------------------|--|----------------|--|
| Incident Date: | | Incident Time: | |
| Incident Location(s): | | | |

How many individuals were involved? _____

1. Describe the Incident

Please describe the incident:

2. Personal Injury Information

- 2.1 Did the incident involve recombinant DNA molecules/materials, or a gene product?***
 - No
 - Yes, please describe:** _____
- 2.2 Did the incident involve human blood or other human body fluids?
 - No
 - Yes, please describe:** _____
- 2.3 Did the incident involve an infectious agent?
 - No
 - Yes, please describe:** _____ **Name of agent:** _____
- 2.4 Was there a splash to the eyes, nose or mouth?
 - No
 - Yes, please describe:** _____
- 2.5 Did the incident involve a cut?
 - No
 - Yes, please describe the part of the body affected:** _____
- 2.6 Did a needlestick occur?
 - No
 - Yes, please describe:** _____

***If the accident involves recombinant DNA, it must be reported to the IBC office (612-626-5654) or ibc@umn.edu within 24 hours to meet institutional requirements prescribed by the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules.

3. Treatment Information

3.1 If the incident involved exposure to the skin, indicate the disinfectant used (Check all that apply):

- Germicidal soap, describe: _____
 Soap and water
 Other disinfectant, describe: _____

3.2 Was professional medical treatment sought from any of the following (Check all that apply):

- HealthPartners Occupational and Environmental Medicine
 Employee Health Services, Clinic name: _____
 Emergency room
 Personal physician
 Other, please describe: _____

3.3 How long after the incident was professional medical treatment sought? _____

4. Environmental Release

4.1 Were biological materials spilled and/or splashed on environmental surfaces within the laboratory?

- No
 Yes, describe the areas of contamination: _____

4.2 Was untreated biological material released from the laboratory?

- No
 Yes, describe the nature of the release: _____

4.3 Describe the clean-up procedure used: _____

5. Assurance by Principal Investigator or Laboratory Supervisor

Electronic submission of this form from the Principal Investigator's x500 email address confirms his/her assurance that all of the information included on this form is accurate to the extent of his/her knowledge.

Contacts:

If you have questions for the Biosafety Officer (BSO), please contact Betty Kupskey at 612-626-5590. If you have questions for the Institutional Biosafety Committee (IBC), please contact Tracy Rouse at 612-625-9153.

In the event of an exposure, please seek care immediately at the nearest HealthPartners Urgent Care location or the nearest Emergency Department. If you have questions about first aid or where to seek treatment, call the HealthPartners CareLine at 612-339-3663 or 800-551-0859 (TTY 952-883-5474). The CareLine is available 24 hours a day and is staffed with registered nurses.

Procedures for treating bloodborne pathogen exposures are online at <http://www.ohs.umn.edu/bbpe/home.html>

If you have questions about occupational health services or occupational health and safety concerns, please contact the Office of Occupational Health and Safety at (612) 626-5008 or uohs@umn.edu.