

BIOPHARMATRIX: INCIDENT REPORT FORM (BIOLOGICAL/CHEMICAL)

Incident Date: _____ Time: _____ Location: _____
Reporting Person: _____ Contact Info: _____

1. Type of Incident

- Exposure:** Needlestick, splash to eyes/mucosa, or inhalation.
- Spill:** Biological agent or hazardous chemical.
- Injury:** Cut, burn, fall, or other physical injury.
- Near Miss:** An event that could have caused injury but did not.

2. Agents Involved

- Chemical Name(s):** _____
- Biological Agent/BSL Level:** _____
- Quantity Involved:** _____

3. Description of Incident

Describe what happened, including the specific activity being performed:

4. Immediate Response Actions Taken

- First Aid:** Washed area with soap/water or used eyewash?
- Spill Cleanup:** Was the spill kit used? Was EHS notified?
- Evacuation:** Was the lab or building evacuated?
- Medical Attention:** Did the individual seek professional care?

5. Root Cause Analysis & Prevention

What factors contributed to this incident, and how can we prevent recurrence?

EHS Notification Date/Time: _____ Person Notified: _____
Director Signature: _____ Date: _____