



BIOLOGICAL LABORATORY INCIDENT REPORT

University of Hawaii's Biological Incident Report should be completed as soon as possible after a biological incident involving a person's injury, illness or "near miss."

Accidents, incidents and near misses do happen. Reporting an incident within 24 hours is required to help prevent recurrence, prevent others from potentially being injured or ill, and because facts can be easily forgotten as time passes.

Notification.

Any biological incident resulting in personal injury or illness, including serious adverse events (SAEs) from clinical trials:

- Call 911 if necessary
- Contact UH Biosafety Program (BP), (808) 956-3197, (808) 956-8009 or email biosafe@hawaii.edu
- Contact the appropriate school/college Human Resources
- The Supervisor should also contact the appropriate school/college HR and Risk Management.

Completing the Biological Incident Report form

Section 1. To be completed by the person reporting the incident.

The person must document

1. The name of the person completing the form
2. The name of the supervisor or Principal Investigator notified, including the date and time of notification
3. A detailed description of the incident.

This section must be completed within 24 hours of the incident and submitted to supervisor/investigator.

Section 2. To be completed by the Supervisor/Principal Investigator (PI).

Within 24 hours of receiving the Incident Response Form or notification of the incident, the supervisor/PI must document his/her assessment of the incident and corrective actions to mitigate and prevent future recurrences.

The supervisor/PI must also notify the Lab Director, UH IBC, and the Biosafety Program (BP) Office at 956-3197.

Evaluation

A review of the incident by the Principal Investigator, Lab Director, BP Office and the Supervisor to determine the effectiveness of the corrective actions taken must be completed and documented within 5 days of notification. If necessary, follow-up must be done in a timely manner.



BIOLOGICAL INCIDENT REPORT

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

COLLEGE/SCHOOL/DEPARTMENT			
LOCATION	DATE OF OCCURANCE	TIME	AM PM
PERSONAL INJURY/ILLNESS YES NO	WORK RELATED INJURY/ILLNESS 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/PI Assessment

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

The Supervisor/PI 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/PI submitting Report: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____