

BIOLOGICAL LABORATORY INCIDENT REPORT

See page 3 for instructions.



SECTION 1 | TO BE COMPLETED BY THE PERSON INVOLVED IN THE INCIDENT

After completing SECTION 1, submit the form to your supervisor or PI within 24 hours of the incident.

College/School/Department		Location		Date and time of occurrence	
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 notified:	Time:	AM	PM
Description of the incident	Describe in detail what took place. List all witnesses and others who were involved. What personal protective equipment was used? What equipment was being used? How was any injury treated?				
Assessment	Explain the possible cause of the incident. Why did this occur? What factors were involved? Include any pertinent information.				
Preventative measures	Describe the measures that will be taken or will be taken to prevent reoccurrence.				

Signature of "Reported by" above: _____

Date: _____

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SECTION 2 | TO BE COMPLETED BY THE SUPERVISOR WITHIN 24 HOURS AFTER BEING NOTIFIED OF THE INCIDENT

Email the completed PDF form to biosafe@hawaii.edu. If the event resulted in work related injury or illness, the supervisor should also contact the Human Resources and Risk Management departments for your school/college.

While completing this form consider why the incident occurred and what factors were involved. Was there sufficient training or should more be required? What personal protective equipment (PPE) was provided? What PPE was used or should have been used? What environmental factors (building, noise, vapors, lighting) were involved? What corrective actions have been taken? List the proposed preventive measures and any other pertinent information.

Assessment and preventative measures	Explain the possible cause of the incident. Describe the measures that will be taken or will be taken to prevent reoccurrence.
Biological Safety Program assessment and conclusion	

_____ Supervisor/Lab Manager name	_____ Signature	_____ Date
_____ Principal Investigator name	_____ Signature	_____ Date
_____ UH Biological Safety Program representative	_____ Signature	_____ Date
_____ Biosafety Administrator	_____ Signature	_____ Date



Form Instructions

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 Laboratory Incident Report

SECTION 1

To be completed by the person reporting the incident. The person must document

- The name of the person completing the form
- The name of the supervisor or Principal Investigator notified, including the date and time of notification
- 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 email the completed form to the Biosafety Program (BP) Office at biosafe@hawaii.edu.

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.