

Laboratory Incident Report Form

The purpose of this form is to allow any individual the ability to report a safety incident or concern that is related to lab work conducted at UMBC. Information contained within this form will be kept confidential and the individual filling out this form may do so anonymously. At a bare minimum please fill out **Section 1** and the **incident description** found in Section 4 as this greatly assists the follow up investigation.

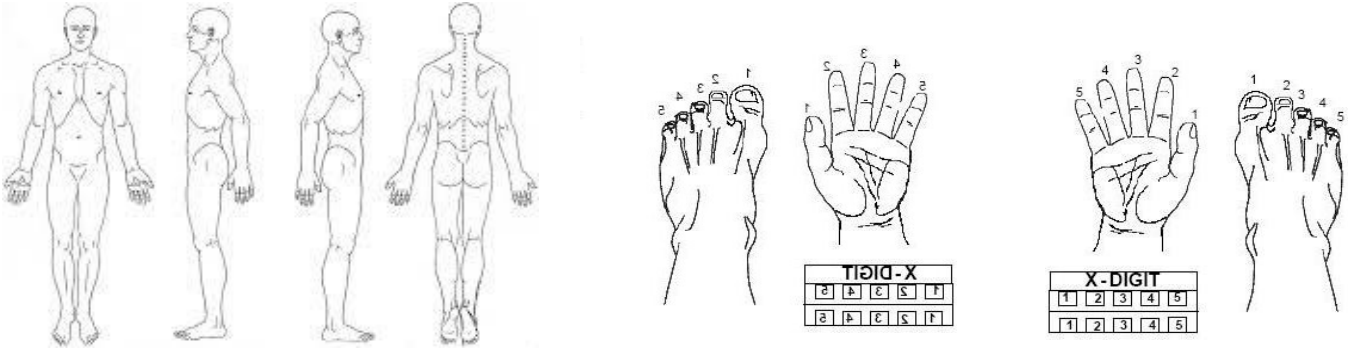
If there was an injury to a worker associated with this event please have effected individual submit an [Employee's First Report of Injury form](#) and have their supervisor submit a [Supervisor's First Report of Injury form](#) to the UMBC Office of Environmental Safety and Health **Before** completing this form. First Report of Injury forms must be submitted within 24hrs of incident, visit <https://hr.umbc.edu/policies/work-related-injury-procedures/> or call (410) 455-2918 for more information.

Section 1: General Information	
Date of Report _____ Date of Incident _____ Time of Incident _____ AM/PM	
Incident Location	
Building _____ Floor _____ Room# _____ Exterior location (hallway, elevator, ect) _____ Biosafety Level (if applicable) _____	
Nature of incident (select all that apply)	
<input type="checkbox"/> Biological Spill <input type="checkbox"/> Biological Agent exposure <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Failure to Follow SOPs <input type="checkbox"/> Failure to Obtain IBC Approval <input type="checkbox"/> Hazardous work practices <input type="checkbox"/> Possible Laboratory Acquired Infection <input type="checkbox"/> Security Breach <input type="checkbox"/> Animal Bite/Scratch <input type="checkbox"/> Other (please describe) _____ _____	<input type="checkbox"/> Unethical Research Practices <input type="checkbox"/> Loss of Containment <input type="checkbox"/> Loss of Laboratory Animal <input type="checkbox"/> Mistreatment of Laboratory Animal <input type="checkbox"/> Needle Stick/Laceration <p style="color: red; text-align: center;">Immediately seek medical attention following any possible exposure to hazardous materials.</p>

Section 2: Reporting Party Information (Optional)	
Position (Student, TA, PI, ect):	
First Name:	Last Name:
Email:	UMBC Campus ID:
Cell Phone Number:	Alt. Phone Number:
PI/Supervisor	Department:

Section 3: Affected Party Information (Complete this section for each individual involved)	
Position (Student, TA, PI, ect) :	
First Name:	Last Name:
Email:	UMBC Campus ID:
Cell Phone Number:	Alt. Phone Number:
PI/Supervisor	Department:
If no injury or exposure was sustained skip to section 4	
Location of injury or route of exposure: _____ _____	

Please draw or otherwise denote location of injury/route of exposure on pictures below



Was first aid/medical care given?

If so, what was done, when was it done, and by who? _____

Section 4: Incident Information

List any chemical or biological material that was involved in the incident

Please Note:

- List full chemical name and percent of each constituent, do not use abbreviations or formulas
- List full name of organism using proper binomial nomenclature and ensure any subspecies are identified
- Identify origin of any toxin, recombinant nucleic acid, or otherwise infectious agents

Personal Protective Equipment (PPE) and Engineering Controls

Please list the PPE worn during incident: _____

Please list the engineering controls used during incident, make note of any engineering controls not properly working:

Standard Operating Procedures (SOP)

Is there a standard operating procedure for the work being conducted at the time of the incident? _____ If yes, please attach a copy to this form.

Was the individual trained on this SOP? _____

Was the SOP being followed at the time this incident occurred? _____
