

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. **Forms can be deposited in the drop box located outside the main entrance of the Tec 2 building (located adjacent to the Technology Research Center).**

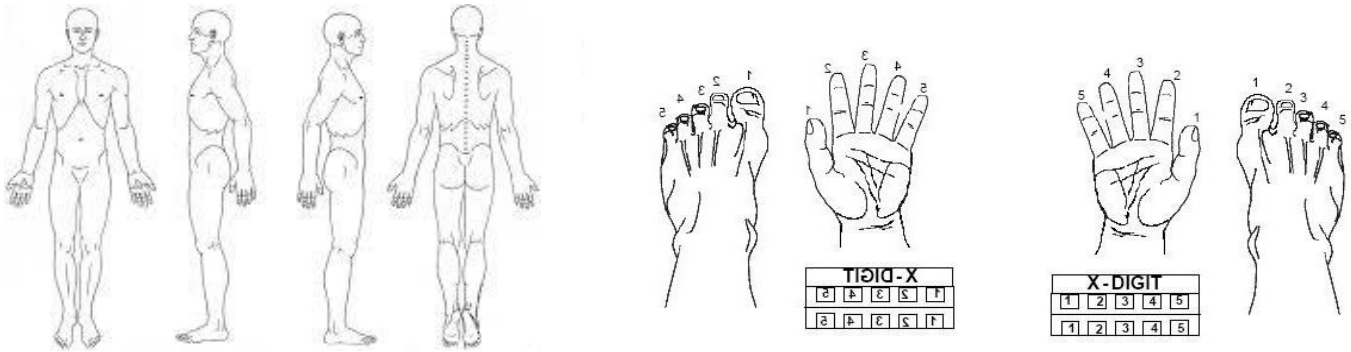
If there was an injury to a worker associated with this event please have effected individual submit an [Employee's First Report of Injury form](#) and have their supervisor submit a [Supervisor's First Report of Injury form](#) to the UMBC Office of Environmental Safety and Health **Before** competing this form. Forms can be found on safety.umbc.edu . 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# _____ Specific location _____	
Nature of incident (select all that apply)	
<ul style="list-style-type: none"> Biological Spill Biological Agent exposure Chemical Spill Chemical Exposure Failure to Obtain IBC Approval Hazardous work practices/Failure to follow SOPs Possible Laboratory Acquired Infection Security breach Animal Bite/Scratch Other (please describe) 	<ul style="list-style-type: none"> Unethical Research Practices Loss of Containment Loss of Laboratory Animal Mistreatment of Laboratory Animal 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.

Yes No

Was the individual trained on this SOP?

Yes No

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

Yes No

Incident Description

Please Note:

- Provide as much detail as possible and list external events that may have contributed to the incident
- Maintain confidentiality if desired for respective parties
- Describe follow up action taken (if any)

If yes, please include name of training, date taken,

Retraining

Was there any retraining as a result of this incident?

Yes No

If yes, please include name of training, date taken, and individual(s) who received training.

Name of training _____

Date of training _____

Individual(s) who received training _____

By submitting this form the reporter hereby certifies that all of the above information is correct to the best of their knowledge, that all information provided will remain confidential, and that they understand they may be contacted to provide more information during the course of any follow up investigation.