

## Biohazard Incident Report Form

**Instructions:** This form should be completed by principal investigators (PIs), supervisors, lab managers, or instructors. Please provide information in the appropriate fields and select the appropriate checkboxes. Any selections with grayed-out text are not applicable at UNT-Dallas at this time. Please email the completed form to the Biosafety Officer (BSO) at [biosafety@untdallas.edu](mailto:biosafety@untdallas.edu).

**Please note:** if the incident involved an injury, an **Incident or Accident Report Form** also needs to be submitted to Risk Management at [AskRiskManagement@untdallas.edu](mailto:AskRiskManagement@untdallas.edu).

Incident Information	
<b>Incident Reporter Name</b>	<b>Title</b>
<b>Department</b>	<b>Email</b>
<b>Phone #</b>	<b>Location of incident (Building &amp; Room #)</b>
<b>Is this an NIH funded project?</b>	Not applicable at UNT Dallas at this time
<b>Name and role of person(s) involved in the incident</b>	
<b>Type of incident (select all that apply)</b>	<input type="checkbox"/> Puncture wound
<input type="checkbox"/> Needlestick	<input type="checkbox"/> Skin laceration or other sharps injury
<input type="checkbox"/> Scratch	<input type="checkbox"/> Animal bite
<input type="checkbox"/> Animal scratch	<input type="checkbox"/> Splash to mucous membrane <input type="checkbox"/> eyes <input type="checkbox"/> nose <input type="checkbox"/> mouth
<input type="checkbox"/> Environmental release (anything outside of the lab) of an animal/animal product, plant product, microorganism, or human material	
<input type="checkbox"/> Other, please describe:	
<b>Did the incident involve (select all that apply)</b>	<input type="checkbox"/> Human materials (cells, tissues, cultured media, blood, other)
<input type="checkbox"/> Recombinant or synthetic DNA or RNA	<input type="checkbox"/> Viral vectors
<input type="checkbox"/> Infectious or pathogenic agents (bacteria, viruses, fungi, prions, other)	Transgenic animals (vertebrates)
<input type="checkbox"/> Transgenic microorganisms	<input type="checkbox"/> Transgenic invertebrates
Transgenic plants	<input type="checkbox"/> Working in a biosafety cabinet
<input type="checkbox"/> Working alone <input type="checkbox"/> during work hours <input type="checkbox"/> after hours <input type="checkbox"/> weekend	
<b>If this involved an injury, what personal protective equipment (PPE) was worn at the time of the incident? (select all that apply)</b>	Bouffant cap

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Disposable gown	Disposable sleeves
<input type="checkbox"/> Face mask	<input type="checkbox"/> Goggles
<input type="checkbox"/> Lab coat	N95 mask
<input type="checkbox"/> Nitrile gloves	<input type="checkbox"/> Safety glasses
Shoe covers	<input type="checkbox"/> None
<input type="checkbox"/> Other, please describe:	
<b>Did the Institutional Biosafety Committee (IBC) approve this research?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please provide IBC #</b>	
<b>Approval date:</b>	
<b>Approved biosafety level(s) for the research:</b>	
<b>Additional approval requirements:</b>	
<b>What (if any) section(s) of the NIH Guidelines is the research subject to?</b>	Not applicable at UNT Dallas at this time
<b>Description of agent, recombinant, or synthetic agent or material involved (please indicate strain, attenuation, other, as relevant)</b>	
<b>Please briefly describe the nature of the incident (how did it happen, did it involve an injury, what first aid measures were taken, was medical attention sought, how did the accident, spill, or release occur, other)</b>	
<b>Has a root cause for this incident been identified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please describe:</b>	
<b>Describe measures taken to mitigate any problems identified</b>	

<b><i>For Biosafety Program Use Only</i></b>	
<i>Receipt date:</i>	
<i>Reviewed by:</i>	
<i>Signature</i>	
<i>Reportable to the IBC?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Reportable to NIH/OBA or other?</i>	Not applicable at UNT Dallas at this time