ENVIRONMENTAL HEALTH & SAFETY | Biological safety

**Incident Report Form for Biological Hazards**

All university employees and students are required to report all potential exposures to, or releases of, biological hazards **within 24 hours** of an event. Biological hazards include: recombinant DNA; microorganisms: research related human-derived materials, and other potentially infectious materials. Potential exposures include: needlesticks or other sharps injuries; bites by animals known or suspected to be infected; spills and splashes of biological hazards; any releases of biological hazards to the environment (e.g. sanitary sewer system, exhaust ventilation systems). Exposures to biological toxins, or unauthorized releases of transgenic animals or plants, or their tissues must also be reported using this form.

Return completed form to Biological Safety (biosafety.program@ucdenver.edu). Direct questions to Biological Safety, 303-724-0345.

All personnel exposures must also be reported to University Risk Management, **within 4 working days**, by completing the appropriate Workers Compensation Claim form, available on the web at: <https://www.cu.edu/content/fileclaim>. Questions regarding WC should be directed to URM, 303-724-1127.

**All Personnel Present at Any Time During Incident:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Contact Phone #** | **Principal Investigator** |
| Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table. |

Report Author:  Date of Report: **Click or tap to enter a date.**

Date of Incident: **Click or tap to enter a date.** Time Incident Occurred:

Incident Location: Building  Room  Biological Safety Level: Choose an item.

Agent(s) Involved:  Volume Released:

Strain(s) with ATCC #, etc:

Has this agent been modified to increase/decrease virulence or add antibiotic resistance? [ ]  Yes [ ]  No

**If Yes**, please specify (e.g. list resistant antibiotics):

Was any recombinant or synthetic nucleic acid involved? [ ]  Yes [ ]  No

**If Yes**, describe the nature of the recombinant nucleic acid materials:

List any other biological agents (plasmids, viral vectors, cell lines, toxins, etc) or hazardous chemicals that are associated with the agent:

Was the Agent viable at time of incident? [ ]  Yes [ ]  No

**If No**, describe method used to destroy/render non-infectious prior to incident:

Did this incident occur: [ ]  Inside Biosafety Cabinet [ ]  Outside Biosafety Cabinet [ ]  Both

[ ]  Other Containment (i.e. freezer, centrifuge, etc.), list:

Did the agent breach the other containment? [ ]  Yes [ ]  No [ ]  N/A

Describe how the incident happened, being specific about your involvement:

Did any amount of agent come in contact with the following?

[ ]  PPE [ ]  Skin [ ]  Mucous Membrane (eye, nose, mouth) [ ]  Wound, Cut, Abrasion, Scab

[ ]  Other

What PPE were you wearing at the time the incident occurred? List all:

Do you have any open cuts, wounds, abrasions? [ ]  Yes [ ]  No

**If Yes**, were they covered with a dressing/bandage not including the PPE worn? [ ]  Yes [ ]  No

Describe when, how, and where you doffed your PPE:

**All Personnel participating in the clean-up:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Contact Phone #** | **Principal Investigator** |
|       |       |       |       |

Describe the clean-up procedures after the incident:

What disinfectant was used and how was it used (include concentration and contact time)?

What PPE was worn during the clean-up?

Were there any additional incidents/exposures during the clean-up? [ ]  Yes [ ]  No Explain

What do you believe was the root cause of the incident? Were any standard operating procedures violated?

What measures can be taken to prevent similar incidents from occurring?

Have all personnel involved in this incident reported to University Risk Management with a Workers Compensation Claim? <https://www.cu.edu/content/fileclaim> Questions regarding WC should be directed to URM, 303-724-1127.

[ ]  Yes [ ]  No

Has any medical care been sought? [ ]  Yes [ ]  No Explain

For questions or consultation:

**Occupational Health:**  Office: 303-724-4663, occupational.health@ucdenver.edu

**Biological Safety Division:** Main EHS Office: 303-724-0345

Submit completed form to biosafety.program@ucdenver.edu