Biosafety Incident/ Good Catch Form

THIS IS NOT A WORKER'S COMPENSATION REPORT

If this is an injury, have you filled out a workers' compensation form? \Box Yes \Box No

Personal Information		
Today's Date:	CSU ID:	
First Name:	Last Name:	
Email:	Phone Number:	
Alt. Phone Number:		
	1	
Emergency Contact Information		
Name:	Phone #:	Alt. Phone #:
Name:	Phone #:	Alt. Phone #:
Principal Investigator/ Supervisor		
Name:		
Name:		
Incident Information		
Pathogen working with:		
L Does the nathogen contain recombinant DNA or synthetic	nuclaic acid malaculas?	□ Vec □No
Does the pathogen contain recombinant DNA or synthetic	nucleic acid molecules?	☐ Yes ☐ No
Does the pathogen contain recombinant DNA or synthetic Location (building, room):	: nucleic acid molecules?	☐ Yes ☐ No Date and Time of Incident:
	nucleic acid molecules?	
Location (building, room):		Date and Time of Incident:
Location (building, room): Incident Type (exposure, physical injury, etc.):		Date and Time of Incident:
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Method and Location of Injury (check all that apply):		
Method	Location	
□ Needlestick		
☐ Blood or body fluids		
, □ Spill		
□ Aerosol		
☐ Animal Bite/Scratch		
□ Necropsy		
☐ Broken glass		
☐ Sharps Container		
☐ Other (describe)		
ction(s) taken to control incident (e.g. hand washin	g, spill clean-up, etc.):	
_		
Personal Protective Equipment (PPE) Worn at t	time of Injury	
☐ Scrubs	☐ Tyvek	
☐ Surgical gown	□ PAPR	
	☐ Face Shield	
☐ N-95 respirator mask	=	
	□ Goggles	
☐ Gloves		
☐ Gloves ☐ Hair Cover	☐ Goggles	
 N-95 respirator mask Gloves Hair Cover Was there a PPE failure? f yes, explain: 	☐ Goggles	