Biosafety Incident/ Near Miss Report 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:	

Emergency Contact Information				
Name:	Phone #:	Alt. Phone #:		
Name:	Phone #:	Alt. Phone #:		

Principal Investigator/ Supervisor
Name:
Name:

Incident Information					
Pathogen working with:					
Does the pathogen contain recombinant DNA or synthetic nucleic acid molecules?	See Yes No				
Location (building, room):	Date and Time of Incident:				
Incident Type (exposure, physical injury, etc.):					
Incident Description (Provide as much detail as possible and list external events that	may have contributed to the incident):				

Aerosol Animal Bite/Scratch Necropsy Broken glass Sharps Container	Blood or body fluids Spill Aerosol Animal Bite/Scratch Necropsy Broken glass Sharps Container Other (describe)	Method	Location	
Spill Aerosol Animal Bite/Scratch Necropsy Broken glass Sharps Container	Spill Aerosol Animal Bite/Scratch Necropsy Broken glass Sharps Container Other (describe)	Needlestick		
Aerosol Animal Bite/Scratch Necropsy Broken glass Sharps Container	Aerosol Animal Bite/Scratch Necropsy Broken glass Sharps Container Other (describe)	Blood or body fluids		
□ Broken glass	 Animal Bite/Scratch Necropsy Broken glass Sharps Container Other (describe) 	□ Spill		
 □ Necropsy □ Broken glass □ Sharps Container 	 Necropsy Broken glass Sharps Container Other (describe) 	□ Aerosol		
□ Broken glass	 Broken glass Sharps Container 	Animal Bite/Scratch		
Sharps Container	 Sharps Container Other (describe) 			
	Other (describe)	Broken glass		
Other (describe)		Sharps Container		
	to control incident (e.g. hand washing, spill clean-up, etc.):	Other (describe)		
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Personal Protective Equipment (PPE) Worn at time of Injury				
	Tyvek			
Surgical gown	□ PAPR			
N-95 respirator mask	Face Shield			
□ Gloves	□ Goggles			
Hair Cover	□ Shoes			
Was there a PPE failure?				
If yes, explain:				

E-mail scanned copies to <u>BSO_Incident_Report@mail.colostate.edu</u> (BSO_Incident_Report@mail.colostate.edu)