



BIOLOGICAL LABORATORY INCIDENT REPORT

University of Hawaii's Biological Laboratory Incident Report should be completed as soon as possible after a lab accident involving an employee or student's injury or "near miss."

Lab accidents, incidents or near misses do happen. Reporting the incident within 24 hours after the incident is required to help prevent recurrence, prevent others from potentially being injured and because facts can be easily forgotten as time passes. Facts gathered within the first 24 hours are still fresh in your memory. Over time, facts or what we think are the facts may be lost or changed or altered by opinions of others as we speak about the incident. "Facts" may also change to protect a coworker.

Notification.

Any lab accident resulting in personal injury or illness:

- Call 911 if necessary
- Contact UH Animal Welfare and Biosafety Program, Research Compliance Director, Mr. Norman Magno at 956-6446, 956-9061 or nmagno@hawaii.edu
- Contact the appropriate school/college Human Resources
- The Supervisor should also contact the appropriate school/college HR and Risk Management.

Completing the Biological Laboratory Biological Laboratory Incident Report form

Section 1. To be completed by the person reporting the incident.

The person must document

1. The name of the person completing the form
2. The name of the supervisor notified, including the date and time of notification
3. A detailed description of the incident.

This section must be completed within 24 hours of the incident and submitted to supervisor

Section 2. To be completed by the Supervisor.

Within 24 hours of receiving the Incident Response Form or notification of the incident, the supervisor must document his/her assessment of the incident and corrective actions to mitigate and prevent future recurrences.

The supervisor must also notify the Lab Director, UH IBC, and the Animal Welfare & Biosafety Program Office (AWBP) at 956-9061..

Evaluation

A review of the incident by the Principal Investigator, Lab Director, AWBP Office and the Supervisor to determine the effectiveness of the corrective actions taken must be completed and documented within 5 days of notification. If necessary, follow-up must be done in a timely manner.



BIOLOGICAL LABORATORY INCIDENT REPORT

TO BE COMPLETED BY PERSON INVOLVED IN THE INCIDENT. Submit completed form to your supervisor within 24 hours of the incident.

COLLEGE/SCHOOL/DEPARTMENT			
LOCATION	DATE OF OCCURANCE	TIME	AM PM
PERSONAL INJURY YES NO	WORK RELATED INJURY YES NO		
PROPERTY DAMAGE YES NO	MEDICAL ATTENTION/TREATMENT YES NO		
REPORTED BY	DATE REPORTED	TIME	AM PM
PERSON NOTIFIED	DATE REPORTED	TIME	AM PM
DESCRIPTION OF INCIDENT. Describe in detail what took place. Include the date and time of the incident, the location the incident occurred, list all witnesses and others who were involved. (What personal protective equipment was used? What equipment was being used?)			
ASSESSMENT. Explain the possible cause of the incident (Why did this occur?); What factors were involved? List any pertinent information.			
PREVENTIVE MEASURES. Describe the measures that will be taken or will be taken to prevent reoccurrence.			
Reviewed by:	Print Name and Sign		
Supervisor:		Date:	
Principal Investigator:		Date:	
Lab Director		Date:	



Lab Biological Laboratory Incident Report Supervisor's Assessment

TO BE COMPLETED BY THE SUPERVISOR AND SUBMIT TO AWBP OFFICE WITHIN 24 HOURS OF NOTIFICATION OF THE INCIDENT.

The Supervisor should also contact the appropriate school/college HR and Risk Management if the events resulted in work related injury/ illness.

ASSESSMENT OF THE PROBLEM: Explain the plausible cause of the incident (Why did this occur?); What factors were involved? Was there sufficient training or should more be required? What PPE was provided? What PPE was used? What PPE should have been used? What environmental factors (building, noise, vapors, lighting) were involved? What corrective action(s) have been taken? List the preventive measures proposed and any other pertinent information.

PREVENTIVE MEASURES. Describe the measures that will be taken or will be taken to prevent reoccurrence

Supervisor
submitting Report: _____ Date: _____

Reviewed by: _____ Date: _____