



BIOSAFETY INCIDENT FORM

Revised 07-2022

THIS IS NOT A WORKERS' COMPENSATION REPORT

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

PERSONAL INFORMATION	
Today's Date	UW#:
First Name:	Last Name:
Email:	Phone Number:
Alt. Phone Number:	

PRINCIPAL INVESTIGATOR/ SUPERVISOR
Name:
Name:

INCIDENT INFORMATION	
Pathogen working with:	
Does the pathogen contain recombinant DNA or synthetic nucleic acid molecules? <input type="checkbox"/> Yes <input type="checkbox"/> 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):	

METHOD AND LOCATION OF INJURY (CHECK ALL THAT APPLY) :	
<p>Method:</p> <ul style="list-style-type: none"><input type="checkbox"/> Needlestick<input type="checkbox"/> Blood or body fluids<input type="checkbox"/> Spill<input type="checkbox"/> Aerosol<input type="checkbox"/> Animal Bite/Scratch<input type="checkbox"/> Necropsy<input type="checkbox"/> Broken Glass<input type="checkbox"/> Sharps Container<input type="checkbox"/> Other (describe):	<p>Location on body:</p>
<p>Action(s) taken to control incident (e.g. hand washing, spill clean-up, etc.):</p>	

PERSONAL PROTECTIVE EQUIPMENT (PPE) WORN AT TIME OF INJURY	
<ul style="list-style-type: none"><input type="checkbox"/> Scrubs<input type="checkbox"/> Surgical Gown<input type="checkbox"/> N-95 respirator mask<input type="checkbox"/> Gloves<input type="checkbox"/> Hair Cover	<ul style="list-style-type: none"><input type="checkbox"/> Tyvek<input type="checkbox"/> PAPR<input type="checkbox"/> Face Shield<input type="checkbox"/> Goggles<input type="checkbox"/> Shoes
<p>Was there a PPE Failure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If yes, explain:</p>	

Fill out form, send PDF copy to biosafety@uwyo.edu. Contact Biosafety Specialist with questions at 307-766-2723.