JABSOM INCIDENT REPORT

Date(s) of Occurrence: _____ **Time**: _____ **Location**: _____

Type of Incident (check all that apply):

- ☐ Near-miss
- ☐ Spill/Release
  - o Minor
  - o Major
- ☐ Exposure
- ☐ Inhalation
- ☐ Ingestion
- ☐ Needlestick
- ☐ Animal Bite
- ☐ Animal Escape
- ☐ PPE Failure
- ☐ Equipment Failure OR Alarm
- ☐ Facility Abnormality
- ☐ Injury
- ☐ Medical Emergency
- ☐ Theft
- ☐ Leak OR Flood
- ☐ Fire OR Fire Alarm
- ☐ Pest (non-lab insect or rodent) Complaint
- ☐ Smells/Odors
- ☐ Security Breach
- ☐ Unauthorized Entry
- ☐ Misconduct
- ☐ SOP Violation
- ☐ Other:_____

Description of Incident (use as much space as necessary)**:**

_____
_____
_____
_____

Corrective Actions Taken (use as much space as necessary)**:**

_____
_____
_____
_____

Was medical attention required: _____ Yes _____ No
Name of Attending Health Professional: _____

Report Completed By (Title/Name/Signature):

_____

Date: _____ Phone: _____

Witnesses (Title/Name/Signature):

_____
_____

Primary Investigator (Name/Signature/Date):

_____

JABSOM EHSO (Name/Signature/Date):

_____