JABSOM INCIDENT REPORT

Date(s) of Occurrence: ________________  Time: ________  Location: ________________

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

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):
________________________________________________________________________