DARTMOUTH
ENVIRONMENTAL HEALTH & SAFETY
Biological Safety Program

Biohazard Incident Report Form

Instructions: Use this form to report any biohazard exposures (actual or potential), spills, releases outside of research areas, near misses, or any other occurrence that presents a safety concern regarding biological materials. This form should be completed by the person involved in the incident, their supervisor, or the lab PI. Please fill in the request information as appropriate, then email the completed form to the Biosafety Officer at biosafety@dartmouth.edu within 24 hours of the incident.

In addition, if this was an injury or exposure: Dartmouth College personnel (including students) must submit an Employee Injury Report to the Risk Management & Insurance Office within 24 hours of the incident. Dartmouth Health or Veterans Affairs personnel should follow their institution's procedures.

Please be as specific and thoughtful as possible — the main purposes of this form are to consider how a repeat incident can be prevented and to help identify commonalities or patterns between incidents.

I. GENERAL INFORMATION

Date and time of incident: _____ Building & room #: _____
Name of person involved in incident: _____
Position/job title: _____ NetID: _____ Phone #: _____

II. INCIDENT DETAILS

A. Type of incident (select all that apply)

☐ Environmental release (outside of research area)
☐ Sharps injury (needlestick, puncture, cut, scratch)
☐ Animal bite or scratch
☐ Splash onto clothing or skin
☐ Inhalation
☐ Spill
☐ Other *(describe)*: _____

B. Materials involved (select all that apply)

☐ Human materials (cells, tissues, cultured media, blood, etc.)
☐ Recombinant or synthetic DNA or RNA
☐ Viral vectors
☐ Infectious or pathogenic agents (bacteria, viruses, fungi, prions, etc.)
☐ Transgenic organisms
☐ Other

Describe (specific agent/strain/genetic modifications):

C. Practices (select all that apply)

☐ Bouffant cap ☐ Disposable gown ☐ Disposable sleeves ☐ Face mask
☐ Face shield ☐ Lab coat ☐ N95 ☐ Nitrile gloves
☐ Safety glasses ☐ Safety goggles ☐ Shoe covers ☐ No PPE

☐ Working in a biosafety cabinet ☐ Working in a chemical fume hood
☐ Other lab members were present
☐ Other PPE, equipment, etc. *(describe)*: _____

D. Narrative

Please describe the incident (exactly what happened, how it happened, any exposures/injuries, first aid or medical attention sought, cleanup/containment actions, notifications, etc.)

III. FOLLOW-UP

Please describe any further follow-up planned, including the actions you will take to prevent a similar incident in the future (specific procedural or equipment changes, review/retraining, etc.)

Signature (electronic is acceptable):

If the person submitting this report is not the person involved in the incident:
Name of person submitting report: _____
Position/job title: _____ NetID: _____ Phone #: _____

IV. **BSO NOTES** *(For Biosafety Program Use Only)*

Receipt date:
Reported within 24 hours: ☐ Yes ☐ No
Employee Injury Report submitted: ☐ Yes ☐ No ☐ N/A
Reportable to the IBC: ☐ Yes ☐ No
Reportable to NIH/OBA/other: ☐ Yes ☐ No
Follow-up completed: ☐ Yes ☐ No

Notes:

Reviewed by: _____
Date:

Signature (electronic is acceptable):