



**Biological Accident/Incident Report
Form**

ALL INFORMATION SHOULD BE TYPED OR PRINTED IN BLACK INK.. *This form is to be completed, either directly or indirectly, by the Supervisor of the staff member involved in the accident, and forwarded to the Executive Officer, Biosafety Committee (BSC), except in those cases where the accident involves GMOs (& there is a risk to human health or the environment), when this form should be faxed or emailed immediately to the Office of the Gene Technology Regulator, with a copy to the BSC.*

1 DATE, TIME & LOCATION OF INCIDENT OR ACCIDENT:

2 NATURE OF INCIDENT/ACCIDENT:
What was the employee doing and how did the incident/accident occur ? (Describe the work being conducted, & list the sequence of events):

3 NAME OF MICROORGANISM INVOLVED:

4 RISK GROUP OF MICROORGANISM:

5 NAMES OF PERSONNEL EXPOSED:

6 NATURE OF INJURY, FIRST AID/MEDICAL TREATMENT/ILLNESS:

7 SPILLS CLEAN-UP PROCEDURE (include names of biological spill clean up team, personal protective equipment & disinfectant used):
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8 WITNESSES:		
Names:		
State What You Observed:		

9 SUPERVISOR:		
Name:	Signature:	Date:

(For BSC use only)

10 FOLLOW UP ACTION:
