

## Laboratory Incident Report, Ver. 1.0

This report is to be completed and signed by the Laboratory Coordinator, the Teacher of Record or the Principal Investigator (PI). Copies must be given to the Laboratory Coordinator and the SMU Basic Sciences Biosafety Committee.

1) Date of the Incident \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_ PM \_\_\_

2) Specific Location of the Incident within the G587 Laboratory:

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3) Describe the Incident including the biological agents involved if applicable (use additional pages if required):

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4) Describe the mechanism and route of exposure to a biological agent (percutaneous, splash to mucous membranes or skin, aerosol etc.)

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5) Print the name(s) of all of the following:

Individual(s) exposed or injured \_\_\_\_\_

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Witnesses \_\_\_\_\_

