## 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 ladditional pages if required):	piological agents involved	d if applica	able (use	
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4)	Describe the mechanism and route of splash to mucous membranes or ski	•	l agent (p	ercutaneous,	
— 5)	Print the name(s) of all of the follow	ring:			
Ind	dividual(s) exposed or injured				
Wi	tnesses				

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6)	Describe in detail what medical attention was provided for those who may have been injured, for example, called 911, referred individual to SMU Health Services, first aid provided etc.				
7)		l(s) and/or laboratory equ , broken glass, sharps etc.	uipment that were involved in the		
8)	Describe the clean-up	o and decontamination pr	ocedure that was used:		
9)	Describe and list the paccident.	personal protective equip	ment that was used at the time of th		
10)	) Sign and Date of the p	person(s) completing this	Incident Report:		
Print name		 Sign	 Date		
Print name		 Sign	 Date		