

## ***rDNA / BIOHAZARD INCIDENT REPORT FORM***

1. List the name(s) of the employee(s) involved:

2. List the date, time and location in which the accidental exposure occurred:

3. As thoroughly as possible, describe the circumstances of the exposure incident:

4. List the biological agent / genetic material and route(s) of possible exposure (e.g. inhalation, subcutaneous, etc.):

5. What is the nature of the organism strain to which the employee has been exposed? (strain name and history, complete drug-resistance/susceptibility profile, any other information that might be pertinent to treatment):

6. List steps taken to evaluate employee health, and action taken to prevent recurrence of a similar incident:

**(Attach additional pages as necessary)**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_

**Submit to Chair of the Institutional Biosafety Committee for review via the Office of Responsible Research Practices (IBCinfo@osu.edu).**