After submitting the incident to the NKU Department of Safety and Emergency Management, this form should be used to report all incidents involving animal bites that occur on IBC approved protocols. See IACUC SOP #10 Animal Bite Incident Reporting or IBC SOP #7 Recombinant DNA and Biohazard Reporting for detailed reporting procedures.

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| --- | --- | --- | --- |
| **IBC #** |  | **Principal Investigator Name** |  |
| **IBC Study Title** |  | **Date** |  |
| **Date of Incident** |  | **Time of Incident** |  |
| [ ] This incident has been reported to the NKU Department of Safety and Emergency Management. |

|  |
| --- |
| 1. List the name(s) of the employee(s) and/or student(s) involved.
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|  |
| 1. List the location in which the animal bite occurred.
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|  |
| 1. What animal species were involved?
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|  |
| 1. Describe the circumstances of the incident.
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|  |
| 1. Explain the possible risk of exposure.
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|  |
| 1. What first aid/medical attention as given to the employee following the exposure?
 |
|  |
| 1. What action has been taken to prevent recurrence of a similar incident (if any)?
 |
|  |

**(Attach additional pages as necessary)**

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

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

**Submit** **iacuc@nku.edu** **or** **biosafety@nku.edu**