After submitting the incident to the NKU Department of Safety and Emergency Management, this form should be used to report all incidents involving recombinant DNA and Biohazards per NKU IBC Recombinant DNA and Biohazard Incident Reporting procedure. See 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 accidental exposure occurred.
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| 1. As thoroughly as possible, describe the circumstances of the exposure incident.
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|  |
| 1. List the biological agent / genetic material and route(s) of possible exposure (e.g. inhalation, subcutaneous, etc.).
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|  |
| 1. 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).
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|  |
| 1. List steps taken to evaluate employee health, and action taken to prevent recurrence of a similar incident.
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**(Attach additional pages as necessary)**

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

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

**Submit to Chair of the Institutional Biosafety Committee**