**INSTRUCTIONS:**

**Laboratory personnel reporting an incident must complete this Laboratory Incident Report Form. Then the report form should be sent as soon as possible to the Laboratory Safety Manager, Dr. Jocelyn Locke at** [**jlocke@mailbox.sc.edu**](mailto:jlocke@mailbox.sc.edu)**. Following an initial review of the report, EHS will conduct an incident investigation to further determine the circumstances contributing to the incident and collaborate with the laboratory personnel to define appropriate corrective actions to mitigate future incidents.**

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| **Section A: General Information** | | |
| **Date Report Sent to EHS** | | Report Date: |
| **Reporter Information** | | Name:  Telephone #:  Position: |
| **Person(s) involved in incident** | | Name:  Department:  Telephone #:  Email:  Position: |
| **Principal Investigator/Supervisor** | | Name: |
| **Section B: Incident Information** | | |
| **Date of Incident:**  **Time of Incident:**  **Location of Incident:** | | |
| **Type of hazard involved in the incident (check all that apply)**  🞎 Chemical Chemical(s) involved: ­  🞎 Physical Physical hazard involved:  🞎 Biological Agent/sample involved:  🞎 Radiological Radiation hazard involved:  🞎 Other Other hazard involved: | | |
| **Nature of the incident (check all that apply)**  🞎 Property Damage  🞎 Spill  🞎 Equipment Failure  🞎 Failure to follow proper procedure  🞎 Other  Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    🞎 Near Miss  🞎 Personnel Injury  🞎 Personnel Exposure | | |
| Has the work that led to the incident been approved by EHS or a USC safety committee? | 🞎 Yes 🞎 No 🞎 N/A  Approved by:  Approval date: | |
| **Description of incident (please provide a narrative and timeline of the incident including the following)**   * *What was the incident location (e.g. laboratory, vivarium, non-laboratory space)?* * *What procedure(s) or activities were being performed at the time of the incident?* * *Description of any hazardous materials being used or directly involved in the incident* * *Who was involved in the incident, including others present at the incident location?* * *Was there an equipment failure, uncontrolled material release or other catastrophic event?* | | |
| **Description of emergency response**   * *Describe the emergency procedure implemented during the incident, including a timeline* * *Immediate actions taken to mitigate injury, property damage and/or environmental consequence* * *Emergency personnel contacted and their phone numbers (e.g. EHS, ambulance, police, fire)* * *Emergency personnel who responded to the incident and information provided to them* | | |
| **Did this incident result in any property damage?**  🞎 Yes 🞎 No  **If yes, describe any property damage** | | |
| **Did this incident result in personnel injury, illness or exposure to a hazardous material?**  🞎 Yes 🞎 No  **If Yes, please answer the following questions:**  **Description of the personal protective equipment in use at the time of the incident.**    **Description of injury, illness or exposure, including parts of the body**    **Description of the occupational health requirements for laboratory personnel involved in the incident**    **Description of any medical surveillance provided or recommended after the incident**    **Description of medical treatment obtained, including:**  ***Note: Please do not include any confidential medical information.***   * **First aid, ambulatory, clinic, hospital or other treatment and when administered?** * **Who administered treatment and where was treatment provided?** | | |
| **Section C: Corrective Action** | | |
| **Describe measures taken to mitigate any problems identified. For measures identified but not yet taken, please include a timeline for their implementation.**    **Principal Investigator/Supervisor’s comments:** | | |
| **Other Information** | | |
| **This laboratory incident report was prepared by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Lab Personnel Name(s)** | | |