**Institutional Biosafety Committee / Biosafety Office**

Recombinant or Synthetic Nucleic Acid - Incident Report Form

**Does this incident involve research subject to the *NIH Guidelines*?**  Yes  No

\*\*If NO, this form does not apply. Incident does not have to be reported to NIH/OSP.

\*\*If YES, please fill out the form below:

| **INFORMATION / QUESTION** | **ANSWER** |
| --- | --- |
| Institution name | University of Cincinnati |
| Date of report |  |
| Reporter name and position |  |
| Reporter telephone |  |
| Reporter email |  |
| Date of incident |  |
| Name of Principal Investigator |  |
| Is this an NIH funded project? | Yes  No If YES, please provide: |
| NIH grant or contract number |  |
| NIH funding institute or center |  |
| NIH program officer contact information (name, email, etc.) |  |
| What was the **nature** of the incident? | Personnel exposure  Spill  Loss of transgenic animal  Failure to obtain IBC approval  Failure to follow approved containment conditions  Other – please describe: |
| Did the Institutional Biosafety Committee (IBC) approve this research? | Yes  No If YES, please provide the below: |
| Approval date |  |
| Approved biosafety level for the research: |  |
| What section(s) of the NIH Guidelines is the research subject to? |  |
| Additional approval requirements: |  |
| Has a report of this incident been made to other federal or local agencies? If so, please indicate by checking the appropriate box. | CDC  USDA  FDA  EPA  OSHA  Research Funding Agency/Sponsor: (name)  State/Local Public Health  Federal/State/Local Law Enforcement  Other- please describe: |
| Has the IBC reviewed this incident? | Yes  No  If YES, Indicate date: |
| Has a root cause for this incident been identified? | Yes  No  If YES, please describe: |

**DESCRIPTION OF INCIDENT**:

*Please provide a narrative of the incident including a timeline of events. The incident should be described in detail to allow for an understanding of the nature and consequences of the incident.* ***Include the following information as applicable.***

* *The incident/violation location (e.g. laboratory biosafety level, vivarium, non-laboratory space).*
* *Who was involved in the incident/violation, including others present at the incident location?* ***Note – please do not identify individuals by name. Provide only gender and position titles (e.g., graduate student, post doc, animal care worker, facility maintenance worker)****.*
* *Actions taken immediately following the incident/violation, and by whom, to limit any health or environmental consequences of the event.*
* *The training received by the individual(s) involved and the date(s) the training was conducted.*
* *The institutional or laboratory standard operating procedures (SOPs) for the research and whether there was any deviation from these SOPS at the time of the incident/violation.*
* *Any deviation from the IBC approved containment level or other IBC approval conditions at the time of the incident/violation.*
* *The personal protective equipment in use at the time of the incident/violation.*
* *The occupational health requirements for laboratory personnel involved in the research.*
* *Any medical advice/treatment/surveillance provided or recommended after the incident.*
* *Any injury or illness associated with the incident.*
* *Medical surveillance results (if not available at the time of initial report please indicate when results will be available).*
* *Equipment failures*.