**INSTRUCTIONS:**

**EHS safety personnel investigating an incident must complete this Laboratory Incident Investigation Form. Following an initial review of the incident 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. Then a copy of the final report will be provided to lab personnel.**

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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:      **Incident Summary and Timeline**  |
| **Section C: Root Cause Analysis (EH&S Use Only)****\* *The following sections will be completed by EHS in collaboration with lab personnel.*** |
| **What was the frequency of laboratory activity that resulted in this incident occurring?**     **Describe if hazards and risks of the procedure were evaluated and controlled.**     **Describe if person involved was aware of hazards & risks associated with the procedure.**     **Describe any documentation of hazards available at the time of the incident, including but not limited to safety data sheets, equipment manual, chemical hygiene plan and others.**     **Was a written Standard Operating Procedure (SOP) or protocol established for procedure?**     **Describe if person involved was following written SOP or protocol at the time of incident. If not, please describe any deviation from the written SOP.**     **Describe any safety training and/or technical instruction provided to the person involved .**     **Describe any supervision of the work or activity being carried out.**     **Describe any containment equipment used when the incident occurred (e.g. chemical fume hood, glove box, biological safety cabinet).**      **Describe any personal protective equipment (PPE) worn at the time of the incident. Was the PPE used adequate? What (if any) additional PPE would be appropriate?**     **Describe any uncontrolled release of material, equipment failure or any catastrophic event leading to the incident.**     **Describe any previous near miss or other prior circumstance that may have contributed to this incident or could have served as a warning sign that this incident might occur.**      |
| **Describe the root cause of this incident.**      |
| **Section E: Other Information** |
| **Describe measures taken to mitigate any problems identified. For measures identified but not yet taken, please include a timeline for their implementation.**      |
| **EH&S comments:**      |
| **Other testing performed and/or data collected or reported about the incident:*****Note: Include follow-ups to ensure corrective actions are implemented.***      |
| **This laboratory incident investigation was prepared by:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****EH&S Personnel Name(s)** |
| **A copy of the final Laboratory Incident Report was emailed to the following individuals on** *Date* **:*****Name, Position* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Name, Position* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Name, Position* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Name, Position* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Name, Position* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |