



Lab Incident or Accident Report Form

In Case of Emergency, call 911.

Submit this form to labmanagement@untdallas.edu **OR** turn in a physical copy to lab management.

Complete the following to the best of your ability. If you have any supplemental documents related to the incident, please provide them to laboratory management.

Your name:

Your contact (phone # and/or email address):

Type of Incident:

Accident

Injury

Near miss

Summary of Incident:

Building and Room Number:

Person(s) Involved:

Designation of Individual(s) Involved: Faculty Staff Student Guest

Name/Contact Information of Witness(es) (if available):



Were any biohazards involved?

Recombinant DNA

Yes ☐

No ☐

Infectious Agent

Yes ☐

No ☐

Select Agent

Yes ☐

No ☐

If “Yes” to any of the above, fill out IBC Biohazard Incident Report Form and submit the form to biosafety@untDallas.edu.

Name (Print)

Signature

Date

Lab Management

Signature

Date