



BIOSAFETY INCIDENT FORM

Revised 07-2022

THIS IS NOT A WORKERS' COMPENSATION REPORT

If this is an injury, have you filled out a workers' compensation form? Yes No

PERSONAL INFORMATION	
Today's Date	UW#:
First Name:	Last Name:
Email:	Phone Number:
Alt. Phone Number:	

PRINCIPAL INVESTIGATOR/ SUPERVISOR
Name:
Name:

INCIDENT INFORMATION	
Pathogen working with:	
Does the pathogen contain recombinant DNA or synthetic nucleic acid molecules? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location (building, room):	Date and Time of Incident:
Incident Type (exposure, physical injury, etc.):	
Incident Description (provide as much detail as possible and list external events that may have contributed to the incident):	

