

**OSU-CHS**  
**Report of Laboratory Biosafety Incident**

Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Employee(s) knowledgeable of the incident (name(s) and phone number(s):

Description of incident:

Was medical attention sought? ☐ No ☐ Yes, where: \_\_\_\_\_

If YES, complete [employee injury report](#); fax to OSU Safety Office 918-561-1261; copy to Research Office - Director, Regulatory Compliance & Research Facilities fax 918-561-1416.

Was the unit department head (or equivalent) notified? ☐ No ☐ Yes

- If YES, when:

Was the Director, Regulatory Compliance & Research Facilities 918-561-1413 notified? ☐ No ☐ Yes

- If YES, when:

Describe the employee/departmental/medical/research office actions.

Additional corrective measures taken or to be taken.

Describe policy or security failures contributing to the incident.

\_\_\_\_\_  
Signature of Principal Investigator

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head (or equivalent)

Printed Name: \_\_\_\_\_

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A copy of this incident report must be submitted to the **Office of Research** within 48 hours of the incident. Send to:  
**Amber Hood, Director, Regulatory Compliance & Research Facilities, Office of Research, CHS.**