

If this is an injury to a paid employee, have you filled out a workers' compensation form?

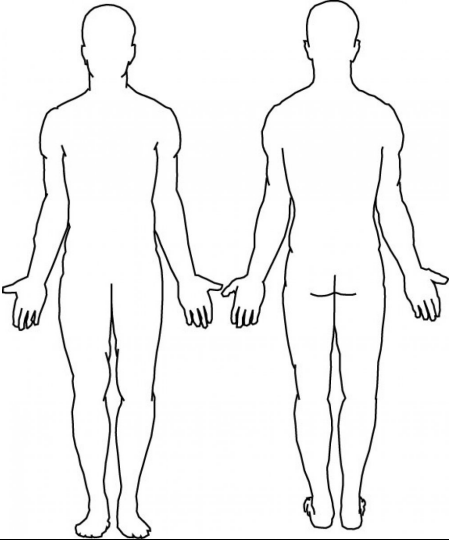
Yes No

Personal Information (affected party)	
Date:	UTID:
First Name:	Last Name:
Email:	Cell Phone Number:

Contact Information (if person completing form is different from affected party):	
First Name:	Last Name:
Email:	Cell Phone Number:

Incident Information	
Indicate material involved by checking below as appropriate:	
<input type="checkbox"/> Infectious Agent <input type="checkbox"/> Human Derived Materials <input type="checkbox"/> Animal Derived Materials	<input type="checkbox"/> Recombinant or Synthetic Nucleic Acids <input type="checkbox"/> Biological Toxins <input type="checkbox"/> Venomous Animals <input type="checkbox"/> Poisonous Plants
Location: (building, room):	Time of Incident:
Incident Type (exposure, physical injury, etc.):	
<i>Incident Description (provide as much detail as possible and list external events that may have contributed to the incident):</i>	
<i>What conditions or actions contributed to the incident?</i>	

THIS IS NOT A WORKERS COMPENSATION INCIDENT REPORT FORM

Method and Location of Injury/Exposure (check all that apply):	
Method: Needlestick Blood or Body Fluids Biological Spill Aerosol Animal Bite/Scratch Sharps Container Loss of Containment Other (describe)	Check All Body Parts Affected Note: 
Action(s) taken to control risk of future incidents (e.g., hand washing, spill clean-up, etc): 	
Personal Protective Equipment (PPE) worn at time of injury/exposure:	
Scrubs Surgical Gown N-95 respirator mask Gloves Tyvek	Lab Coat PAPR Face Shield Goggles Shoes
What additional PPE may have mitigated the incident? Explain: 	

**In the event of an injury, exposure, or near miss,
 complete this form and email it to utbiosafety@utk.edu.
 If you need assistance, contact the Biosafety Office at 974-1938.**

Follow-up Completed By:

Date Closed: