

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

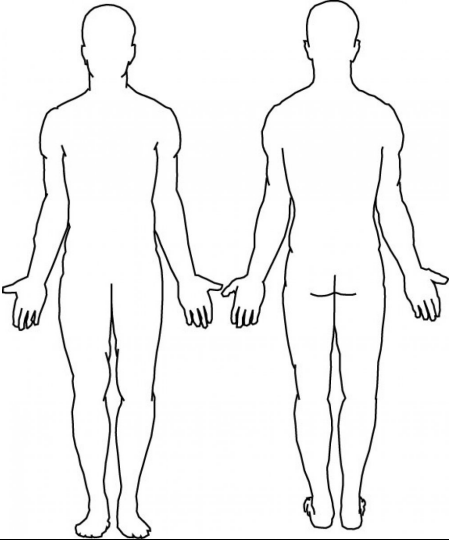
Yes No

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):											
<p>Method:</p> <p>Needlestick</p> <p>Blood or Body Fluids</p> <p>Biological Spill</p> <p>Aerosol</p> <p>Animal Bite/Scratch</p> <p>Sharps Container</p> <p>Loss of Containment</p> <p>Other (describe)</p>	<p>Check All Body Parts Affected</p> <p>Note:</p> 										
<p>Action(s) taken to control risk of future incidents (e.g., hand washing, spill clean-up, etc):</p>											
<p>Personal Protective Equipment (PPE) worn at time of injury/exposure:</p> <table border="1" style="width: 100%;"> <tbody> <tr> <td>Scrubs</td> <td>Lab Coat</td> </tr> <tr> <td>Surgical Gown</td> <td>PAPR</td> </tr> <tr> <td>N-95 respirator mask</td> <td>Face Shield</td> </tr> <tr> <td>Gloves</td> <td>Goggles</td> </tr> <tr> <td>Tyvek</td> <td>Shoes</td> </tr> </tbody> </table>		Scrubs	Lab Coat	Surgical Gown	PAPR	N-95 respirator mask	Face Shield	Gloves	Goggles	Tyvek	Shoes
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Gloves	Goggles										
Tyvek	Shoes										
<p>What additional PPE may have mitigated the incident?</p> <p>Explain:</p>											

**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: