IBC Form 3 (use additional sheets as needed)

ADVERSE BIOSAFETY EVENT REPORT FORM

Use this form to report to the IBC any serious adverse event (i.e., life-threatening event), any non-compliance with NIH Guidelines, or any illness or significant accident leading to illness that is environmentally dangerous to humans and/or animals. See the Investigators’ Manual for the Use of Biohazardous Materials in Research for details.

A. IDENTIFICATION
1) Faculty member name: ___________________________ Tel: ___________________________
2) Department: ___________________________
3) IBC Number: ___________________________
4) Laboratory location: ___________________________ Email: ___________________________
5) Project Title: ___________________________

6) Type of use: [ ] Infectious agent [ ] Recombinant DNA
7) Required Biosafety Level: [ ] BSL-1 [ ] BSL-2 [ ] BSL-3

B. Description of Incident (Use reverse side if additional space is needed.)
1) Infectious agent(s), toxin, recombinant DNA involved:

2) Names(s) of personnel involved:

3) Describe the adverse event, non-compliance with NIH Guidelines or significant research-related accident/illness:

4) Described medical attention provided to exposed/injured individuals (attach HR-24 Reporting Form):

5) If recombinant DNA is involved and subject to NIH approval, has the Research Compliance Officer been notified? [ ] Yes [ ] No

Fax this form within 24 hours of the incident to Environmental Health and Safety 718 270-2894 and to Dr. William J. Chirico, IBC Chairman, at 718 270-1308. If the incident involves a BSL-3 level of risk, immediately notify Public Safety at 718 270-2626, and EH&S at 718 270-2395 or 1216.
C. Certification and Signature
I certify that the above information accurately describes the incident. I certify that appropriate action was taken in accordance with the emergency action plan. I agree to cooperate with any investigations of this incident and provide information to the IBC, CDC, NIH, and other federal, state or local agencies having jurisdiction.

______________________________  ________________________________  
Signature                          Date