

LABORATORY ACCIDENT & INCIDENT REPORT



Molecular and Cell Biology
Laboratory
in collaboration with
Prince Naif Health
Research Center

I. STAFF / RESEARCHER INFORMATION

NAME		Position
<input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="radio"/> Staff <input type="radio"/> Research Collaborator <input type="radio"/> Faculty <input type="radio"/> Postgraduate <input type="radio"/> Student	ID Number
Department/College	Mobile	E-mail

II. INCIDENT INFORMATION

Incident/Accident Reported to		
Incident Date DD/MM/YYYY	Time HH:MM AM PM	Date Reported DD/MM/YYYY
TYPE OF INCIDENT/ACCIDENT <input type="radio"/> Power Failure <input type="radio"/> Damage Equipment/Facility <input type="radio"/> Chemical & Biohazard Exposure <input type="radio"/> Equipment Failure <input type="radio"/> Slip/Trip/Fall <input type="radio"/> Improper Equipment Use <input type="radio"/> Cuts/Sharps <input type="radio"/> Lost Research Materials <input type="radio"/> Others _____		
Location		
Action Taken	<input type="radio"/> Report to Administration <input type="radio"/> Report to MCB Staff/Supervisor/Director <input type="radio"/> First Aid/Hospital <input type="radio"/> Specify _____	
How did the incident occur? Please, attach photos, sketches, and/or second page if necessary (Page 2).		

III. WITNESS INFORMATION (if, any)

Witnesses Name & Mobile No.

IV. CORRECTIVE ACTIONS (For MCB Staff ONLY)

What action can be taken to prevent incident reoccurrence?
<input type="radio"/> Equipment/Facility Modification or Maintenance <input type="radio"/> Improve Personal Protection <input type="radio"/> Change to work procedure <input type="radio"/> Enhance Training and Instruction <input type="radio"/> Improve housekeeping <input type="radio"/> Use of Safer Materials <input type="radio"/> Improve work organization <input type="radio"/> Re-training
<input type="radio"/> Other, pls. specify
Comments
Specify Measures Already Taken

V. PERSON COMPLETING REPORT

Printed Name over Signature / Date	Mobile Number
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VI. PERSON RECIEVED REPORT

Printed Name over Signature	Date Received DD/MM/YYYY
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