**Process and Safety Improvement Form**

**Injury, Accident, Exposure, Near Miss, or Chemical/Biological Spill**

**Note: If an injury occurs to an employee (including student doctors receiving MRG funding) the employee may also need to fill out a *Worker’s Compensation Form.* Please contact the Director of Human Resources for instructions.**

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| **Today’s Date:** |  | **Instructions:** |
| Enter Today's Date |  | * This form must be completed separately by **all** persons (student and/or faculty) involved in the incident.
* **Email** the completed form to the Laboratory and Safety Compliance Manager: (Joanna Owen, jlewis@idahocom.org, 208-795-4354)
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| **Incident Date:** |  | **Time of Incident:** |  | **Location of Incident:** |
| Enter Incident Date | Enter time of incident (h:mm, am/pm | Other: Please describe  |

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| **Interviewee:** |
| Level of Involvement: | Contact Information: | Phone Number | Email Address: |
|  |  | (###-###-####) | Email address |
|  |
| Last Name | First Name | Middle Name | Credentials |
| Last Name | First Name | Middle Name | Other: Please describe |
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| Other involved persons: |  List names of all involved persons |

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| **Incident Description:** |
| Provide a description of the incident, including how the incident occurred and any specific injuries which resulted from the incident: |
| Please describe incident |
| List biological or chemical hazards involved in incident: |
| Please list any chemical, biological (including bloodborne) or recombinant DNA hazards. |

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| Emergency Assistance: |
| 1. Was 911 called for assistance?
 | [ ]  Yes [ ]  No |
| 1. Was the person taken to a hospital?
 | [ ]  Yes [ ]  No |
| 1. If yes, which hospital or medical facility?
 | Which healthcare facility? |
| 1. How was the person transported?
 | Personal vehicle, etc. |
| 1. Indicate who accompanied the person:
 | Name of person providing transport |
| First Aid: |
| 1. Was First Aid administered?
 | [ ]  Yes [ ]  No |
| 1. If yes, who administered the first aid?
 | Name of First Aid Provider |
| 1. What first aid measures were applied?
 | List first aid measures |
| Personal Protective Equipment(PPE) and Safety Equipment |
| 1. Was the person wearing safety glasses?
 | [ ]  Yes [ ]  No |
| 1. Indicate any other PPE (gloves, face shield, etc.) that the person was wearing:
 | List PPE worn |
| 1. Was the eyewash and/or safety shower used?
 | [ ]  Yes [ ]  No |
| 1. If yes, how long did the person flush the affected area of the body? (15 minutes recommended)
 | Enter time (h:mm) |
| Procedures and Equipment |
| 1. What procedures were being performed?
 | List procedures |
| 1. List any equipment that was in use at the time of the incident:
 | List involved equipment |
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| **Root Cause:** |
| Has a root cause of the incident been identified? Please describe in detail.Root cause |

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| **Medical Follow-up:** |
| What medical follow-up has been recommended by the medical care provider? Please describe in detail. Medical follow-up details |

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| **Prevention of future incidents:** |
| List specific suggestions regarding prevention of similar incidents in the future:Prevention suggestions |

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| **Signature of person involved in the Incident:** | **Date:** |
| Signature |       |

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| **Review Use Only:** |
| **Investigation and future incident prevention:** |
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| **Review Use Only:** |
| Signature of Supervisor/Instructor/PI [for student incident only]: | Date: |
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| Signature of Laboratory and Safety Compliance Manager: | Date: |
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| **If the incident involves a student, the faculty mentor, instructor, or PI will sign and receive a copy of this form. This individual and ICOM’s Laboratory and Safety Compliance Manager will receive a copy of this report and you may be contacted if further information is needed regarding how to improve laboratory safety.** |