**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.**

|  |  |  |
| --- | --- | --- |
| **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) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Incident Date:** |  | **Time of Incident:** |  | **Location of Incident:** |
| Enter Incident Date | Enter time of incident (h:mm, am/pm | Other: Please describe |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  | | | | |
| Other involved persons: | List names of all involved persons | | | |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| 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 |
|  |  |

|  |
| --- |
| **Root Cause:** |
| Has a root cause of the incident been identified? Please describe in detail.  Root cause |

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

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

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

|  |
| --- |
| **Review Use Only:** |
| **Investigation and future incident prevention:** |
|  |

|  |  |
| --- | --- |
| **Review Use Only:** | |
| Signature of Supervisor/Instructor/PI [for student incident only]: | Date: |
|  |  |
|  |  |
| Signature of Laboratory and Safety Compliance Manager: | Date: |
|  |  |
|  | |
| **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.** | |