

**Alabama College of Osteopathic Medicine
Biosafety Incident Reporting Template**

Division	
Date of Report	
Reporter Name and Position	
Reporter Telephone	
Reporter Email	
Date of Incident	
Name of Principal Investigator	
What was the NATURE of the incident?	<input type="checkbox"/> Personnel exposure <input type="checkbox"/> Spill <input type="checkbox"/> Loss of containment <input type="checkbox"/> Loss of transgenic animal <input type="checkbox"/> Failure to obtain IBC approval <input type="checkbox"/> Failure to follow approved containment conditions <input type="checkbox"/> Other – please describe:
Did the Institutional Biosafety Committee (IBC) approve this research?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide:	Approval Date: IBC Number:
Under what section(s) of the <i>NIH Guidelines</i> does the research fall? <i>Please see:</i> http://osp.od.nih.gov/office-biotechnology-activities/biosafety/nih-guidelines	
Under what section(s) of the BMBL does the research fall? <i>Please see:</i> http://www.cdc.gov/biosafety/publications/bmbl5/	