



RECOMBINANT NUCLEIC ACID INCIDENT REPORTING FORM

This form must be completed immediately after incident involving recombinant or synthetic nucleic acid material. The form must be completed by the Principal Investigator and submitted to the [Biosafety Officer](#).

LOCATION OF INCIDENT (BLDG & ROOM NUMBER)

DATE OF INCIDENT

IS THIS AN NIH FUNDED PROJECT?

YES

NO

NAME OF PRINCIPAL INVESTIGATOR

NATURE OF THE INCIDENT

SPILL

PERSONNEL EXPOSURE

LOSS OF CONTAINMENT

RELEASE/LOSS OF TRANSGENIC ANIMAL

FAILURE TO OBTAIN IBC APPROVAL

FAILURE TO FOLLOW APPROVED CONTAINMENT CONDITIONS

WAS THIS WORK APPROVED BY THE IBC?

YES

NO

WHAT SECTION OF THE NIH GUIDELINES IS THIS RESEARCH SUBJECT TO?

WHAT WAS THE CAUSE OF THE INCIDENT?

DESCRIBE STEPS TAKEN TO MITIGATE THE PROBLEMS IDENTIFIED

For measures identified but not yet taken, please provide a timeline for their implementation.



PROVIDE A NARRATIVE OF THE INCIDENT INCLUDING A TIMELINE OF EVENTS

Principal Investigator Signature

Date