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|  **Incident Response Form****(Safety and/or Security Incidents)** |
| **Section I.** To be completed by employee or supervisor |
| **Name of Employee**: |  |
| **Occupation:** (Job Title, Division/Department) |  |
| **Contact Info**: |  |
| **Name of Supervisor**: |  |
| **Contact Info**: |  |
| **Incident:** (Type, Date, Time, Location) |  |
| **Return to Duty:** (Date, Time) |  |
| **Description of Incident**: |
| **Signature/Date**: |  |
| **Section II.** To be completed by Medical Provider if applicable |
| **Nature and Extent of Injury/Illness/Potential Exposure:** |
| **Disposition (hospital, doctor, home, return to Duty, other):** |
| **Name of Medical Provider:** |  |
| **Contact Info:** |  |
| **Signature/Date:** |  |
| **Section III.** To be completed by supervisor (incident analysis) |
| **Specific Causes** (e.g., unsafe or unsecured procedures, inadequate safeguards/physical security/equipment, improper/defective equipment, hazardous location, employee physical/emotional condition, lack of skill/knowledge, unreliable behavior/attitude): |
| **Corrective Actions Recommended/Taken:** |
| **Signature/Date:** |  |
| **Section IV.** To be completed by employee |
| **Employee Statement:** |
| **Section V**. To be completed by Biorisk Management Advisor |
| **Incident Investigation Observations/Notes/Specific Findings:** |
| **Corrective Actions/Improvements (responsible party, due date, date completed):** |
| **Name of Biorisk Management Advisor:** |  |
| **Contact Info:** |  |
| **Signature/Date:** |  |