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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:** |  | |