MOUNT SINAI SCHOOL OF MEDICINE

REPORT OF LABORATORY ACCIDENT**

Name:_____ Life #__________

Date and Time of Exposure:_____ Location:_____

Department:_____ Extension:_____

Briefly Describe the Incident:__________

		Yes	No
Injury Data:	Was Human blood or other Human body fluids involved?	☐	☐
	Was an infectious agent involved?	☐	☐
	Was a genetically modified gene / gene product involved?	☐	☐
	Splash to eye?	☐	☐
	Splash to nose/mouth?	☐	☐
	☐ Needlestick ☐ Cut Body part involved____		
	Needle make and type _____		
Treatment:	Exposure site was washed with:(Check all that apply)		
	☐ Germicidal soap		
	☐ Soap and water		
	☐ modified Dakin Solution		
	☐ Other Disinfectant_____		
Did You Go To:	Employee Health Services?	☐	☐
	Paged Nurse on Duty?	☐	☐
	Emergency Room?	☐	☐
	Jack Martin Fund Clinic?	☐	☐
Did You Receive:	HBV Vaccine?	☐	☐
	Other Treatment?	☐	☐

If "Yes"Please Describe Other Form of Treatment:______

____ ______________

Signature Date of Report

Please attach photocopy of treatment form and forward this form immediately to:

BIOSAFETY OFFICER ~ BOX 1162

fax: 241-6695 e-mail : philip.hauck@mssm.edu phone:241-5169

**This report must be filed in compliance with OSHA 29 CFR 1910.1030 Bloodborne Pathogens Standard

Form BSO-1 **pgh:4/2014**