

	Doc. No.: RTPC2/SOP20/F01	Edition/Revision: 1/0	Effective date: March 2013
	<b>INCIDENT REPORTING FORM</b>		Page 1 of 1

Date of report	
Name of reporting personnel	
Position	Laboratory personnel / Principal investigator / researcher / others (please specify: _____)

**Type of incident**

- |   |  |
|---|--|
| <input type="checkbox"/> Chemical Spills                | <input type="checkbox"/> Electrical failure / blackout |
| <input type="checkbox"/> Chemical release / evaporation | <input type="checkbox"/> Fire                          |
| <input type="checkbox"/> rDNA/Biohazard                 | <input type="checkbox"/> Theft / Laboratory break-in   |

**Details of the Incident**

Date of incident	
Time of incident	
Place of incident	
No of person involved	
No of person injured	
Type of injury	

Describe briefly about the incident:

**For Incident Officer Use Only**

Date/time of report received	
Actions taken	<input type="checkbox"/> View / monitor the site of incident <input type="checkbox"/> Obtain medical report of injuries / death occurred from the medical office <input type="checkbox"/> Report the incident to the Occupational Safety and Health Office <input type="checkbox"/> Record the incident in the Incident Inventory Record

**For Record Purpose**

Record No	
Date of Record	