

# Laboratory Animal Bite Incident Report

## General Information

Date of Incident	<input type="text"/>	Time of Incident	<input type="text"/>	Location of Incident	<input type="text"/>
<input type="text"/>	Name of Person Bitten	<input type="text"/>	Job Title	<input type="text"/>	<input type="text"/>
<input type="text"/>	Supervisor	<input type="text"/>	Contact Information	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Animal Information

Species	<input type="text"/>	Strain/Breed/ID	<input type="text"/>	Were hazardous agents present? (e.g. infectious agents, hazardous substances)	<input type="text"/>	If yes, specify	<input type="text"/>
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## Incident Description

Description of the Incident (include events leading up to the bite)	<input type="text"/>	Description of	<input type="text"/>
Bite/Exposure (location on body, severity)	<input type="text"/>	Personal Protective Equipment (PPE) Used	<input type="text"/>

## Post-Incident Actions

First Aid Provided	<input type="text"/>	Was medical evaluation sought?	<input type="text"/>	Report made to	<input type="text"/>
supervisor?	<input type="text"/>	Other actions taken	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Follow-Up

Follow-Up Actions Planned	<input type="text"/>	Additional Comments	<input type="text"/>	Report	<input type="text"/>
Completed By	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>