## **Laboratory Contamination Incident Report**

Date of Incident	
Time of Incident	
Location (Room/Lab Number)	
Reported By	
Contact Information	
Type of Contamination	
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Description of Incident	
Immediate Actions Taken	
Persons Potentially Exposed (Names/Roles)	
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Supervisor Notified	
	_
Follow-up Actions/Recommendations	
Additional Comments	