

Biological Spillage Incident Report

Date of Incident

Time of Incident

Location of Incident

Reported By

Contact Information

Biological Material Involved

Approximate Volume/Quantity Spilled

Description of the Incident

Suspected Cause

Was anyone exposed?

Immediate Action Taken

Personal Protective Equipment Used

Further Action Required/Recommended

Names of People Involved

Supervisor Notified

Signature

Date Submitted