

Accidental release or spillage of Genetically Modified Organisms or Biological Agents

Date & Time of Occurrence	
Names of person involved.	
Names of other person(s) present who may have been exposed.	
Name & position of person completing this report.	

Hazard Identification

What was released/spilled?	
Was the material Genetically Modified?	If Yes give GM Risk assessment Number
What was the hazards classification of the material [Class 1, 2 or 3]	

Quantity spilled	Approx. concentration/titre of culture	Details of any known immediate or delayed health or environmental effects (1)	Were these evident/displayed? Y/N (2)

Location of occurrence

School & Department	
Building & Lab/ Room Number	
Was spill within a safety cabinet	
Was spill within Centrifuge?	

Details

Briefly describe how the spill/release occurred.	
Describe any remedial action required?	
Confirm if remedial action has been taken; Yes / No	
Did the individual go the OHU or require other medical attention. Y/N If yes complete Standard Accident Report form	
Describe any actions that should be taken to avoid re-occurrence.	
Signature of person compiling report	Date
Signature(s) of person (s) involved.	Date

Notes

(1) Where there is known effect inform Safety Office and send copy of completed form.

(2) If the individual displayed health effects or required medical attention complete Standard Accident Report Form in addition to this form and forward both to the Safety Office.