

Biological Spill Incident Report Form

1. Incident Overview

- Date of Spill: _____
- Time of Spill: _____ AM / PM
- Exact Location: (Building, floor, room number, and specific area)

2. Spill Details & Material Involved

- **Type of Material:**
 - ☐ Blood
 - ☐ Bodily Fluids (Vomit, saliva, urine, feces, etc.)
 - ☐ Laboratory culture or agent
 - ☐ Other Potentially Infectious Material (OPIM): _____
- **Estimated Volume of Spill:**
 - ☐ Small (Drops)
 - ☐ Medium (Up to 1 cup)
 - ☐ Large (Greater than 1 cup / major pooling)
- **Source of the Spill:** (patient incident, broken vial, equipment failure)

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- **Surface Type(s) Affected:**
 - ☐ Carpet
 - ☐ Tile/Hard Flooring
 - ☐ Countertop/Furniture
 - ☐ Equipment/Machinery

3. Cleanup & Decontamination Procedures

- Name of Person(s) Performing Cleanup:

- Decontamination Agents Used:

- Disposal Method:

4. Exposure & Injury Assessment

- Were there any injuries or direct exposures to biohazards/bloodborne pathogens?
 - ☐ NO

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☐ YES (if checked please specify):
