

Formular KD00986557

Biosafety: Report sheet for laboratory incidents

Laboratory / Department	
Surname, first name of the person affected	
Date of birth	
Date, time	
Details of the organism or test sample (No. etc.)	
Sequence of events	
– not involving injury	
– involving injury	
(Initial) action	

For the attention of:
(to be undertaken by the
person making out the
form)

- a) Biosafety Officers (BSO)
- b) Direktor Forschung & Lehre, Prof. Matthias Baumgartner