

Incident

Incident Details	
Incident #	251
Incident Date *	05/08/2013
Incident Time	0700
Check if Time Cannot be Determined	<input type="checkbox"/>
Long Description (What Happened) *	(b)(3):42 U.S.C. § 262a(h)
Incident Location	
Location	FORT COLLINS(113)
On Premises	<input checked="" type="checkbox"/>
Location Comments	
Classifications	
Classification *	Report Only (REPORTONLY)
Primary Hazard *	Biological (BIO)
Secondary Source of Injury	Select Agent (SELECTAGNT)
Investigation Approvals	
Medgate Coordinator	Beggs, Kevin (AWL5)
Investigator	(b)(6)
Further Investigation is Needed	<input type="checkbox"/>
Investigator Comments	
Team Lead	
Team Lead Comments	
Deputy Director	Gaunce, Jean (JAG9)
Deputy Director	
Short Description *	possible biological exposure
Reported Date *	05/08/2013
Reported Time	HHMM (24h)
Select Agent and/or Recombinant DNA Involved *	Select Agent Only (SAONLY)
Primary Source of Injury *	Insects arachnids (spiders ticks scorpions etc.) (INSECTS)
Medgate Coordinator Completed Date	05/31/2013
Investigator Approval Date	06/04/2013
Team Lead Approval Date	mm/dd/yyyy
Deputy Director Approval Date	06/06/2013

Incident Risk

Potential Severity	Probability of Recurrence	Risk [Description]	Risk [Icon]	Comments
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Injuries/Illnesses

Date Injured	Employee	Case #	Nature Of Injury	Supervisor
05/08/2013	(b)(3):42 U.S.C. § 262a(h)	13-5110	No Physical Injury	(b)(3):42 U.S.C. § 262a(h)

Notes

Date	Time	Author	Notes
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Why Tree

Five Why Analysis

Incident: [Migrated from GX]

(b)(3):42 U.S.C. § 262a(h)

Cause

Cause Text	Cause	Cause Category
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Findings & Actions

Finding Id	Finding Date	Finding Details	Action Details	Assigned To	Due Date
168	05/17/2013		The only re-training that might be necessary is to remind staff to transport tubes vertically.	(b)(3):42 U.S.C. § 262a(h)	05/27/2013
175	05/31/2013		The only re-training that might be necessary is to remind staff to transport tubes vertically.		06/12/2014

Documents

Description	Document Type	Document Date	Received From
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Witnesses and Contacts

Witness/Contact Name	Statement/Notes	Contact Type
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Related Event Reports

Person Injured/Ill	Date Occurred	Self Reporting Number
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Environmental

Chemical	CAS No	Air Release Amount	Soil Release Amount	Water Release Amount	Contained Release Amount	Total Release
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Related Motor Vehicle Accidents

Employee	MV	No
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