INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE [IACUC] – INCIDENT REPORT FORM

The Incident Report Form is used for unexpected incidents, adverse events, and noncompliance. Submit the completed form and relevant documentation to IACUC@oregonstate.edu.

Use this form to report:

* Any unexpected event or outcome that resulted in an animal welfare issue (death, disease, distress), or a human health or safety issue (zoonotic disease or exposure, injuries)
* Any noncompliance associated with OSU’s Animal Care and Use Program
* Any animal welfare concern associated with OSU’s Animal Care and Use Program

Name:       Contact information:

*Do not complete if you wish to remain anonymous*

**Principal Investigator**:       **E-mail**:       **Phone**:      Incident Report

**Department:**

**ACUP #:**       **Title:**

|  |
| --- |
| 1. **Type of Incident** (check all that apply):

[ ]  Unexpected animal morbidity or mortality [ ]  Unexpected human health event[ ]  Noncompliance with ACUP, Policy, Program [ ]  Facility or life support system event [ ]  Animal Welfare Concern Report 1. **Incident Date(s):**
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|  |
| Species/group/type of animals involved       Facility/Room/Location:       |
| Number of animals affected:       Select % of animals affected within group:  Effect on animals:   |
|  |
| 1. **Persons involved in incident(s):**

 Training & related experience of persons involved:      1. **Summary of incident**:

      1. **Cause of incident:**

      |
|  |
| 1. **Outcome of incident:**

      |
|  |
| 1. **Immediate Management of the incident:**

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|  |
| Management Plan moving forward:      Changes necessitated by incident:  |
|  **Please describe:**        |

COMPLETION BY IACUC OFFICE:

Date and Description – Initial Review:

Action:

Date and Description – Additional Review:

Action: