様式第5号（English ver.）

Infectious Disease Research Unit

**Laboratory Incident/Accident Report**

Date

Head of the management committee of IDRU

Name

Department

|  |  |
| --- | --- |
| Date/Time of incident or finding |  |
| Location of incident |  |
| Date/Time of report |  |
| Name of person notified: |  |
| Description of incident |  |
| Your response |  |
| Causes of incident and measures to prevent recurrence |  |
| Signature of supervisor | I hereby confirm that I was notified of the incident/accident and the response mentioned above.Signature：　　　　　　　　　　　　　　　　　　　　　　 |

Notice:

This report is not to pursue the liabilities of users but to analyze the incidents for recurrence prevention and facility maintenance. All incidents including “near miss” incidents need to be reported regardless of the causes.