

**IBC SPILL OCCURRENCE REPORT FORM FOR
THE JOAN C. EDWARDS SCHOOL OF MEDICINE
AT MARSHALL UNIVERSITY**

This form is to be completed when there is a significant spill of biohazardous agents or materials. Please return the completed form to Dr. Donald Primerano.

TODAY'S DATE:

Person writing the report:

Date of the spill:

Person(s) reporting the spill:

Location (room #) of the spill:

Contents of the spill:

Person(s) who did the spill cleanup:

Cleanup procedure used:

SIGNATURE: