



ANIMAL HANDLER INJURY REPORT

INSTRUCTIONS

This form is to be completed and submitted to the Montclair State University Occupational Health Department via email (OHD@montclair.edu) or interoffice mail (Overlook Office 3321). Occupational Health will inform the IACUC chairperson about the individual’s clearance to resume working with animals.

DATE FORM COMPLETED: _____ **DATE OF THE INCIDENT:** _____

ANIMAL HANDLER IDENTIFICATION

Name: _____ Department: _____
 Date of Birth: _____ Telephone: _____
 Office Location: _____ E-mail: _____

PRINCIPAL INVESTIGATOR IDENTIFICATION: *individual responsible for training and supervision*

Name: _____ Department: _____
 Office Location: _____ Telephone: _____
 E-mail: _____

I have been apprised of the nature and severity of the injury and advised the student/staff member as to the proper procedure for treatment of the injury as appropriate.

Supervisor Signature: _____ Date: _____



TYPE OF INCIDENT

Briefly describe the incident, including location, animal(s) involved, drugs and/or chemicals involved, nature and severity of any injuries, PPE worn, equipment used, etc.

Is there something that can be done to prevent reoccurrence of this incident?

TREATMENT INFORMATION: *identify the health provider who treated the injury if appropriate*

Health Care Provider Name: _____

Name of Clinic: _____

Address: _____



VERIFICATION AND CONSENT OF PATIENT:

The undersigned verifies that the above is complete and true, and understands that further information and/or testing may be required.

Signature: _____ Date: _____

SIGNATURE OF HEALTH CARE PROVIDER:

Signature: _____ Date _____

Name: _____

Patient Cleared to Return to Lab Patient Not Cleared to Return to Lab

MSU Occupational Health: Cleared to Return to lab Not Cleared to Return to Lab

FOLLOW-UP (if applicable):
