

**Adverse Event MFR  
Memo For Record (MFR)**

**(INSTRUCTIONS—Form is on the next page)**

**DATE:** (MFR should be prepared as soon as practical after the event so that facts are current and accurate)

**SUBJECT:** (e.g., Laboratory Salmonella exposure)

**COMPLIANCE COMMITTEE PROTOCOLS:** (list applicable protocol numbers for the activity in question - IBC, IACUC, IRB, etc.)

**BACKGROUND:** (Narrative explanation of the incident/accident so that it is clear what happened {who, what where when, and why}. This can be very simple or complex depending on the event).

**RISK ASSESSMENT:** (Provide an assessment of the potential risk associated with this incident, eg., "there is the potential for transmission of Salmonella through the needle stick," or "the agent is not a human pathogen and therefore poses no human health risk.").

**FINDINGS:** (If there was an investigation or fact finding effort, describe the results in a concise, logical way).

**ACTIONS TAKEN:**

**Immediate:** (eg., lab activity halted to assess situation; first aid rendered; biosafety cabinet decontaminated; person went to hospital, notified the URCO and EH&S offices etc.).

**Corrective / Remedial Action:** (Describe any corrective or remedial actions taken to mitigate or help prevent reoccurrence. For example, reviewed SOPs, held a lab training session, etc.)

**KWC 1101-A Submitted:**    Yes    No

**CONCLUSIONS:** (Provide any conclusions drawn from the incident).

**Signature** (provide adequate identification / contact info)

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**DATE:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_

**COMPLIANCE COMMITTEE PROTOCOLS:** \_\_\_\_\_

**BACKGROUND:**

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**RISK ASSESSMENT:**

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**FINDINGS:**

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**ACTIONS TAKEN**

**Immediate:**

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**Corrective / Remedial Action:**

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**KWC 1101-A Submitted:** Yes\_\_\_ No\_\_\_

**CONCLUSIONS:**

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**Signature:** \_\_\_\_\_

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