



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 (K À œ o}}| K((] ïïïï•. 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



Occupational Health
U & o } } CE
973-655-5014
OHD@montclair.edu

TYPE OF INCIDENT

Briefly describe the incident, including location, animal(s) involved, drugs and/or chemicals involved, nature and severity of any injuries,

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

FOLLOWUP (if applicable):

