

### 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 (Occupational Health Dept. Blanton Hall – Room 1201). 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: \_\_\_\_\_

IACUC Registration #: \_\_\_\_\_

***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.*

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

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

**Occupational Health**



**Occupational Health  
Blanton Hall Rm 1201  
973-655-5014  
OHD@montclair.edu**

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):**

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