Cytotoxic Drug Incident Report
(for spill or exposure)

Date of incident: ______________________ Time of incident: ______________________

Location: ______________________________________________________________________

Full names and contact information of people involved or exposed:
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Cytotoxic agent involved: ______________________________________________________________________

Form (tablet, injectable, concentration) and amount: ______________________________________________________________________

Nature of the incident: ______________________________________________________________________

How did the spill or exposure occur? ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Was medical treatment required? ______________________________________________________________________

If so, name and address of physician: ______________________________________________________________________

This incident report filed by: ______________________________________________________________________

Signature: ________________________________ Date: ______________________

Is investigation required? ______________________________________________________________________

If so, conclusions of the investigation and recommendations to prevent reoccurrence: ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Follow-up: ______________________________________________________________________

OH&S Representative: ______________________________________________________________________

Signature: ________________________________ Date: ______________________