



The Pet Oncologist  
Helping Vets With Pet Cancer Care

# 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: \_\_\_\_\_