



Antiseptic & Disinfectants Incident Reporting Form

- * If you suspect that an incident may be related to use of certain Antiseptic or Disinfectant you should complete this form and send it to the address shown at the end of the form.
- * Please report all serious and minor adverse reactions.

A – Patient's Details:

- Name/ Initials (Optional):
- Sex : Male Female
- Age:.....
- Weight.....Kg

B – Suspected Antiseptic or Disinfectant(s):

- Product Name:
- Product type: Antiseptic Disinfectant
- Was the product effective as an antiseptic or disinfectant Yes No
- Active ingredient(s):
- Frequency of use:
- Uses: • Disinfectant: Critical use Semi critical use Non critical use
 • Antiseptic: Personal domestic use Professional health care use
- Pharmaceutical form: Solution Gel Wipes Foam Shampoo Other
- Concentration:
- Minimum purity:
- Dilution:
- Location of the incident: Home Hospital Lab. Others
- Type of Registration: Toll Local Imported Under license Bulk
- Registration no:.....
- Method of application: Spray Paint Soaking Others

C-Type of Incident:

1. Human Health Incident:

- What was exposed? Eye Respiratory (Inhalation) Skin Unknown
- Describe all symptoms:

2. Hard Surface Incident:

- What was exposed? Floors Benches Others
- What happened to surface? Spotting Bleaching whitening Others
- How the incident happened?

3. Veterinary Incident:

- Who was the observer to the incident? Animal Owner Veterinary Professional
 Witness Others.....
- Describe all symptoms:
- Type &No. of animals affected:
- How was the animal exposed to the antiseptic or disinfectant?

4. Medical Device Incident:

- Describe the type of the medical device:
- Describe what the reaction was happened? Corrosion Whitening
 Spotting Other

D – Incident's Details:

- Describe symptom(s) that appeared:
- Date of incident:
- Are you the first observer of the event? Yes No
- Do the symptoms reappear after reusing the product? Yes No
- What was the outcome of the incident? Hospitalization Life threatening
 Permanent disability Died Required intervention to prevent damage
 Congenital abnormalities Other (specify).....
- Has this incident been reported to the manufacturer?
 Yes No Unknown

E – Reporter's Details:

- The One who filled in this form: Patient Physician Pharmacist
 Nurse Others.....
- Name:
- Address:
- E-mail:
- Telephone/ Mobile:
- Date of reporting: Signature:

F – Any More Comments:

- * The information in this report is confidential and totally protected including both the Patient and Reporter identity.
- * You can send voluntarily the incident Reports to the Biocides Vigilance Department (BVD).
- * Reporting for Biocides, incidents are vital for safe & effective usage of antiseptic and disinfectant. Enough information will help the Department to evaluate the Safety & Efficacy of the antiseptic and disinfectants marketed in our Country.

Head Quarter:

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