

Name of Employee: _____ Grizzly ID: G _____

Date of Incident: _____ Time of Incident: _____ am/pm

Job Site/Location: _____ Department: _____

Job Description (Description of General Duties): _____

Potentially Infectious Material Involved (e.g. blood, etc.): _____

Source of Potentially Infectious Material (e.g. needle-stick, cut, bite, etc.): _____

Circumstances Surround Exposure Incident (e.g. work being performed, etc.): _____

Route of Exposure (e.g. under the skin, unprotected skin, eyes, mouth, etc.): _____

How the Exposure occurred (e.g. equipment malfunction, human error, etc.): _____

Personal Protection Equipment work at time of Incident: _____

Actions Taken at time of Incident (e.g. soap/water clean-up, reporting to supervisor, etc.): _____

Recommendation for avoiding repetition: _____
