



## EXPOSURE INCIDENT REPORT FORM

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Job site/location: \_\_\_\_\_ Name of Employee \_\_\_\_\_

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 Surrounding Exposure Incident (e.g. work being performed etc.) \_\_\_\_\_

Route of Exposure (e.g. under-the-skin, unprotected skin, eyes, nose, mouth) \_\_\_\_\_

How Exposure Occurred (e.g. equipment malfunction, human error, etc.) \_\_\_\_\_

Personal Protection Equipment Worn at Time of Incident \_\_\_\_\_

Actions Taken at Time of Incident (e.g. soap/water clean-up, reporting to supervisor etc.) \_\_\_\_\_

Recommendations for Avoiding Repetition: \_\_\_\_\_