

**EXPOSURE INCIDENT REPORT
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)
Please Print**

Date Completed				
Employee's Name		S. S.#		
Home Phone		Business Phone		
DOB		Job Title		
Employee Vaccination Status				
Date of Exposure		Time of Exposure	A.M.	P.M.
Location of Incident (Home, Street, Clinic, Etc.)-Be Specific:				
Nature of Incident (Auto Accident, Trauma, Medical Emergency) - Be Specific:				
Describe what task(s) you were performing when the exposure occurred - Be Specific:				
Were you wearing Personal Protective Equipment (PPE)?		YES		NO
Did the PPE Fail?		YES		NO
If YES, Explain how:				
Were you using Engineering Controls?		YES		NO
Did the Engineering Controls fail?		YES		NO
If YES, Explain how:				
What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific:				

What part of your body became exposed? Be specific:
--

Estimate the size of the area of your body that was exposed:					
For how long?					
Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?					
		Yes		No	
If Yes, what was the object?					
Where did it penetrate your body?					
Was any fluid injected into your body?		Yes		No	
If Yes, what fluid?		How much?			
Did you receive medical attention?		Yes		No	
If Yes, where?					
When?					
By Whom?					
Identification of Source Individual(s)					
Name(s)					
Did you treat the patient directly?		Yes		No	
If Yes, what treatment did you provide - Be Specific					
Other pertinent information					