

Exposure Incident Report

Employee Name _____ SSN _____

Position or work area _____

Describe the incident:

Date of the Incident _____ Time of the incident _____ AM/PM

The source patient: _____ Has agreed to be tested or antibody status is available.

Name _____

_____ Is unknown.

The exposure was to: _____ Blood; _____ OPIM (explain) _____

The incident was: _____ Sharps injury (complete the Sharps Injury Log also)

_____ Exposure to skin. _____ intact _____ nonintact

_____ Exposure to mucous membranes

Provide details of the incident – Task or procedure, type of accident, where it occurred, etc.

Personal Protective Equipment in use at the time of the incident _____

Follow-up Action:

Post Exposure Evaluation/Treatment - Date initiated _____

Letter received from treating health care professional on _____

Other follow-up dates and actions: _____

Retain in Employee file for 30 years plus term of employment