

EXPOSURE INCIDENT REPORT  
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

DATE COMPLETED \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

DOB \_\_\_\_\_ JOB TITLE \_\_\_\_\_

EMPLOYEE VACCINATION STATUS \_\_\_\_\_

DATE OF EXPOSURE \_\_\_\_\_ TIME OF EXPOSURE \_\_\_\_\_ AM/PM

LOCATION OF INCIDENT (BUILDING, STREET, ETC. – BE SPECIFIC):  
\_\_\_\_\_

NATURE OF INCIDENT (ACCIDENT WHILE CLEANING, SPORTS, TRAUMA,  
MEDICAL EMERGENCY) BE SPECIFIC:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE WHAT TASK (S) YOU WERE PERFORMING WHEN THE EXPOSURE  
OCCURRED (BE SPECIFIC):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHERE YOU WEARING PERSONAL PROTECTIVE EQUIPMENT (PPE)?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST  
\_\_\_\_\_  
\_\_\_\_\_

DID THE PPE FAIL? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN HOW:  
\_\_\_\_\_  
\_\_\_\_\_

WHAT BODY FLUIDS WERE YOU EXPOSED TO (BLOOD OR OTHER  
POTENTIALLY INFECTIOUS MATERIAL)? (BE SPECIFIC):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT PARTS 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, OR OTHER SHARPS 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 \_\_\_\_\_

Signature of Supervisor or person preparing this report / Date

Signature of the Employee / Date