



Exposure Incident Investigation Form

Date of Report: _____

Employee Name: _____ Job Title: _____

Date of Exposure Incident: _____ Employees Phone: _____

Social Security #: _____ (W) _____ (H) _____

Location of Occurrence (Bldg. & Rm. No.): _____

Potentially Infectious Materials Involved: _____

(Blood, body fluid, etc)

Source: _____ Telephone: _____

(Individual or Supplier)

Describe the task being performed at the time of the exposure:

Identify the route of exposure (skin, eye, mucous membrane, etc):

List PPE being used at the time of exposure:

To whom has the incident been reported? _____

Witnesses present (P.T.O. for witness statement):

1. Name: _____ Phone # (W/H): _____

2. Name: _____ Phone # (W/H): _____