

Exposure Incident Report

(To be Completed by the Coordinator)

Name of Exposed Employee(s):	
Date:	

I. Explain in Detail how Exposure Occurred	
What body fluids were involved:	
Which body part was exposed:	
What was the size of exposure:	
Further Comments:	

II. Explain the source of Exposure:		
Did the exposed employee(s) use PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
Individuals who witnessed the exposure.		
Did the exposed employee wash the exposed area as soon as feasible after the exposure?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		

III. Medical Evaluation		
Was the employee(s) sent to the clinic to receive their confidential medical evaluation including the post exposure vaccination within 24 hour?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.		
What clinic did the employee(s) attend?		
Who was the attending health care provider?		
Did anyone accompany the employee(s) to the clinic?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there any regulated waste that needed to be disposed of?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain how this was accomplished.		

Coordinator's Signature

Date