

## Exposure Incident Reporting Form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Location of incident (ie: Toddler room): \_\_\_\_\_

Time of exposure: \_\_\_\_\_

Describe the Exposure Incident (Were you wearing you have personal protective equipment such as gloves? What type of infectious material were you were exposed to and what were the circumstances of the exposure?):

---

---

---

---

Actions Taken (decontamination, clean-up, reporting, etc.): \_\_\_\_\_

---

---

Recommendations for Avoiding Repetition: \_\_\_\_\_

---

---

---

Report Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_