APPENDIX E

Side 1 of 2-sided form

EXPOSURE INCIDENT REPORT (ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT) Please Print				
Date Completed				
Employee's Name	**S. S.#**			
Home Phone	**Business Phone**			
DOB	**Job Title**			
Employee Hepatitis-B Vaccination Status				
Date of Exposure	**Time of Exposure**	**A.M.**	**P.M.**	
Location of Incident (Parking lot, Office, Classroom #, Etc.)-Be Specific:				
Nature of Incident (Auto Accident, Trauma, Medical Emergency) - Be Specific:				
Describe what task(s) you were performing when the exposure occurred - Be Specific:				
Were you wearing Personal Protective Equipment (PPE)?	**YES**		**NO**	
Did the PPE Fail?	**YES**		**NO**	
If YES, Explain how:				
Were you using Engineering Controls (Sharps Container, Ventilation Hood Etc.)?	**YES**		**NO**	
Did the Engineering Controls fail?	**YES**		**NO**	
If YES, Explain how:				
What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific:				

EXPOSURE CONTROL PLAN

Side 2 of 2-sided form

What part 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, auto part, dental wires, 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:				