

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: _____