

**Bloodborne Pathogen: Exposure Incident Report**

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_AM \_\_\_\_PM \_\_\_\_

Hepatitis B Vaccination Status \_\_\_\_\_

Location of Incident \_\_\_\_\_

Describe what job duties you were performing when the exposure incident occurred

\_\_\_\_\_

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident) \_\_\_\_\_

\_\_\_\_\_

What body fluid(s) were you exposed to? \_\_\_\_\_

What was the route of exposure (e.g., mucosal contact, contact with not intact skin, percutaneous)?

\_\_\_\_\_

Describe any personal protective equipment in use at the time of exposure incident:

\_\_\_\_\_

Did PPE fail? \_\_\_\_\_ If yes, How? \_\_\_\_\_

Identification of source individual(s) (names) \_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_