Exposure Incident Report

Name of Employee: _____ Date of Response:_____ Appx. Time: _____

Work Location: _____ Ambulance Required: Yes ☐ No ☐

Responder's Name: _____ Work Location: _____

1. Description of Incident:

Date: _____ Time: _____ Location: _____

2. Name Of Employee(s) Rendering First Aid:

3. Name/Address of Injured (If Available):

4. Description of Injury:

Puncture ☐ Laceration ☐ Nose Bleed ☐

Abrasion ☐ Amputation ☐ Other: _____

5. Describe First Aid Provided:

CPR ☐ Bandages ☐ Control Bleeding ☐ Band Aid ☐

Other:: _____

6. Exposure Description:

	Yes	No		Yes	No
Splash of Body Fluids into Eyes?	☐	☐	Contact with Mouth or in Nose?	☐	☐
Contact with Mouth or Nose?	☐	☐	Blood on Hands?	☐	☐
Blood on Other Skin Surfaces	☐	☐	Blood on Other Skin Surfaces	☐	☐
Blood on Clothes or Protective Coverings?	☐	☐	Cuts/Scrapes/Nicks/Blisters/Open Lesions or Breaks in Skin or Hands?	☐	☐

Additional Description:_____

7. What Protective Equipment Did First Aiders Use?

Gloves: ☐ Resuscitation Barrier/Mask: ☐ Other:_____

8. Was There an Exposure Per 29 CFR 1910.1030? Yes ☐ No ☐

Other (Describe: _____

9. Name(s)/Signature(s) of Employee(s) Involved in Incident:

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____