

**EXPOSURE Or Potential Exposure Incident Report**  
**CONFIDENTIAL RECORDS FOR HUMAN RESOURCES ONLY!**

**Employee with True (or Potential) Exposure**

\_\_\_\_\_

Date/Time of Incident \_\_\_\_\_ a.m./p.m.      Employee's Supervisor \_\_\_\_\_

Date/Time Incident Reported \_\_\_\_\_ Reported to: \_\_\_\_\_,

\_\_\_\_\_ by Employee.

Reported  in person  via phone call

Exposure or Potential Exposure Occurred Where (be as specific as possible)

\_\_\_\_\_

**NOTE: Exposed or potentially exposed individuals should reveal as much relevant information as possible regarding the incident in the event there was a "true" exposure and it becomes necessary for the source of the infectious material to be located.**

Were there witnesses to the exposure or potential exposure  Y  N

Names, if known, of witness(s) \_\_\_\_\_

Describe, if know, how exposure occurred. Examples would be:

Clean-up without adequate PPE (gloves, face mask, etc.) Specify which item(s) was not used

\_\_\_\_\_

Accidental contact with source (example: brushed against source – blood swipe onto victim

Needle Stick – State location of needle. Specify how contact was made with needle.

Unsure of what the infectious material was.