

Exposure Incident Report Form

(To be completed by employee)

Employee Name _____

Position _____

Date and time of contact _____

Location at time of contact _____

What body fluid(s) were you in contact with?

_____ Blood

_____ Saliva

_____ Urine

_____ Feces

_____ Tears

_____ Vomit

_____ Other (describe) _____

What part(s) of your body came in contact? Be as specific as possible.

Did you have any open cuts, sores, rashes, etc., at the time of contact that may have been exposed?

_____ No _____ Yes (describe) _____

Did you use personal protective equipment to prevent this type of contact?

_____ No _____ Yes Type _____

Explain circumstances _____

Full Name of Source of Contact (client) _____

Any known communicable diseases _____

How did your contact with the client's blood/body fluid occur: _____

Actions you took following the contact _____

Employee signature

Date of report

Return this form to Brenda Hebert, PLAEA Business Office, within 24 hours of incident.