The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT

CCS employee exposure to blood and/or other potentially infectious material.

This report is to be completed as soon as possible after the exposure incident. Please print legibly.

Exposure Incident: Contact with blood/body fluids or other potentially infectious materials on your skin, in your eye, nose, or mouth or parenteral contact (a piercing of the mucous membranes or the skin barrier, e.g., needlesticks, human bites, cuts, and abrasions) with blood or other body fluids resulting from the performance of an employee's duties.

1. Name of exposed employee ______________________________

2. Date of incident ______________ Time incident occurred: Hour ________ ❒ AM ❒ PM

3. Unit: ❒ SCC ❒ SFCC ❒ IEL Work phone ______________

4. Location where incident occurred: ❒ SCC ❒ SFCC ❒ IEL

5. Building ______________ Room number ______________

6. Other location ______________________________

7. Describe route(s) of exposure and circumstances under which the exposure incident occurred:

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8. Body surface area(s) exposed ______________________________

9. Type and amount of fluid or material ______________________________

10. Severity of exposure: (extent and duration of contact) ______________________________

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11. Exposure source, if known (name of individual) ______________ Phone ______________

12. Your Hepatitis B vaccination status: ❒ None ❒ Received ❒ Immunization date

I acknowledge that a confidential medical evaluation and follow-up is available to me from a health care professional within twenty-four (24) hours of this incident as part of the post-exposure process to determine my immune status to the hepatitis B virus and to receive baseline information to determine if exposure to the HIV virus has occurred. I understand that this incident should be reported to my health care provider as an on-the-job injury.

Exposed employee's signature ______________________________ Date ______________

Supervisor's signature ______________________________ Date ______________

Health care provider ______________________________ Date ______________

Copy distribution: 1) Human Resources, MS 1004 2) Environmental Health and Safety, MS 1004 3) Supervisor 4) Exposed employee 5) Take to health care provider