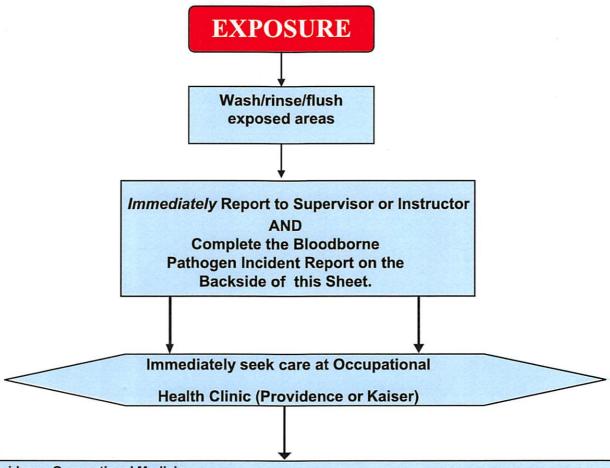
Accident / Incident Investigation Plan – Form 2: Bloodborne Pathogens Incident Report

Instructions: This report must be completed by the employee's supervisor or manager for any exposure as defined in the Plan. A copy of this completed form must be given to the exposed employee to give to his/her healthcare provider.

A copy of this completed form must be sent to Risk Services at DC 2nd Floor

Name of Exposed Person:			
Position of Exposed Person:			
Date of Exposure:	Date of Report:		
Circumstances of Exposure:			
Route of Exposure: (Choose One: eye, nose, r	nouth, bite, skin pund	cture, or desc	ribe other).
Source Individual's Name (if known):			
Consent obtained to test source individual's	blood?	Yes	_ No
Other pertinent information:			
Has the Hepatitis B Vaccine full series been qualified If No: 1st vaccine date:			_ No
Has the OR-OSHA Standard been given to employee or his/her healthcare provider?			
		Yes	_ No
Exposed Person DECLINES Medical Follow-up At	tention		
Exposed Person's Signature	Date of Declination	on .	
Exposed Person ACCEPTS Medical Follow-up Attention			
Exposed Person's Signature	Date of Acceptan	ce	

Blood or Other Potentially Infectious Material



Providence Occupational Medicine

The Plaza, 5050 NE Hoyt, Suite B48, Portland, Monday-Friday 7:00 am to 5:30 pm
Tanasbourne, 10670 NE Cornell Road, Suite 204, Hillsboro, Monday-Friday 7:00 am to 6:00 pm
Bridgeport, 18040 SW Lower Boones Ferry Rd, Suite 100, Tigard, Monday - Friday 8:00 am to 5:00 pm
Newberg, 1001 Providence Dr., Newberg, Monday - Friday 8:00 am to 5:00 pm
Kaiser (Monday - Friday 8 am - 5 pm) Call 503-571-3366 or 1-888-414-3531

Kaiser (afterhours)- 1-800-813-2000 for Kaiser's Medical Advice Nurse

Alert Kaiser facility of exposure and your estimated time of arrival

Report exposure to Risk Services (Nickie Blasdell 971-722-2870 or Rob Gabris 971-722-2869) within 24 hours. If neither are available leave message with name, date, time, brief description of incident and a contact number.

Document the incident utilizing The PCC Injury or Property Incident Report. You may also have to complete workers' compensation forms. Contact Nickie Blasdell in Risk Services at 971-722-2870.