

Accident/Incident Investigation Plan – Form 2: Bloodborne Pathogens Exposure 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 EH&S

Name of Exposed Person: _____

Position of Exposed Person: _____

Date of Exposure: _____ Date of Report: _____

Circumstances of Exposure: _____

Route of Exposure: (Choose One: eye, nose, mouth, bite, skin puncture, or describe 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 given? Yes _____ No _____

If No: 1st vaccine date: _____ 2nd vaccine date: _____

Has the OR-OSHA Standard been given to employee or his/her healthcare provider?

Yes _____ No _____

Exposed Person DECLINES Medical Follow-up Attention

Exposed Person’s Signature

Date of Declination

Exposed Person ACCEPTS Medical Follow-up Attention

Exposed Person’s Signature

Date of Acceptance