

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ Time of Incident: _____

Location:

Person(s) Involved:

Route of Exposure: _____ Non-intact skin; _____ mouth; _____ nose; _____ eyes;
_____ needle stick; _____ Other

Potentially Infection Materials Involved:
Type: _____ Source: _____

Circumstances (what was occurring at the time of the incident):

How was the incident caused: accident, equipment malfunction, etc. List any tool, machine, or equipment involved.)

Personal protective equipment being used at the time of the incident:

Actions Taken (decontamination, clean-up, reporting, etc.)

Recommendations for Avoiding Repetition of Incident:

