EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident:	Time of Incident:
Location:	
Person(s) Involved:	
Route of Exposure: Non-intactneedle stick;	skin;mouth;nose;eyes; ;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:	

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