

EXPOSURE INCIDENT REPORT FORM
CSUCI Bloodborne Pathogen Exposure Program

Report Date

Employee Last Name

Employee First Name

Primary Phone Number

Alternate Phone Number

Position/Title

Employee ID Number

Incident Date

Incident Location

Supervisor's Name

Provide a description of the exposed employee's duties as they relate to the exposure incident:
(Attach additional information, if necessary.)

How did the exposure incident occur? Please provide an explanation of the routes(s) of exposure and the circumstances under which the exposure incident occurred:

EMPLOYEE SIGNATURE

DATE

Send to Environment, Health, Safety & Risk Management