Bloodborne Pathogens - Attachment D

Exposure Incident Investigation Form

Date of Incident: __________ Time of Incident: __________ Location: ____________________________

Potentially Infectious Material Involved:
Type: ___________________________ Source: ____________________________

Circumstances: (Work being performed, activity, etc.): ____________________________

________________________________________________________________________

How incident was caused: (Accident, equipment malfunction, etc.) ____________________________

________________________________________________________________________

Personal Protective Equipment being used: ____________________________

________________________________________________________________________

Actions taken (Decontamination, clean-up, reporting, etc.) ____________________________

________________________________________________________________________

Recommendations for avoiding repetition: ____________________________

________________________________________________________________________

Investigator(s): ____________________________