

## Employee Occupational Exposure Incident Form

Employee Name:	
Employee ID #:	Date:
Department/building:	Job title:
Date of incident:	Date reported:

<b>Type of exposure:</b> Human bite Blood/body fluid splash Open wound, scratch, or abrasions contaminated with blood/body fluid/urine/stool Puncture or scratch from sharp object Needle stick following venipuncture Needle stick from IVP or VIPB Needle stick following injection Other (describe) _____
Describe exposure incident in detail:
What actions were taken immediately following the incident?
What precautions were in use at the time of the incident?
Gloves    Gown/apron    Mask    Eyewear    CPR shield    None    Other (specify) _____

Dates of HBV vaccinations:	
Employee signature:	Date:
Supervisor signature:	Date:

Follow-up	Date
Employee referred to physician of choice Seen by: Office    ER    Pro-Med    Declined to be seen	
Employee's blood drawn?    YES    NO	
Employee offered HIV testing?    YES    NO	
Accepted    Declined	

This document must be printed after completion, signed, and sent to [mcameron@mtech.edu](mailto:mcameron@mtech.edu) or brought to EHS office CBB 003.