

**EXPOSURE INCIDENT INVESTIGATION FORM**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Potentially infectious materials involved:

Type: \_\_\_\_\_ Source: \_\_\_\_\_

Circumstances (work being performed, 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: \_\_\_\_\_

---

Signature

Date

**EXPOSED EMPLOYEE MUST CONTACT ONE OF THE FOLLOWING PRIOR TO END OF WORK SHIFT: SUE STOUTENBURG, CLINIC MANAGER (760) 873-7868, (760) 873-3914; TAMARA COHN, CLINICAL SERVICES DIRECTOR (760) 878-0231, (760) 873-7868; MARLENA BAKER, RISK MANAGER (760) 872-2908, (760) 937-7378.**