

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: ANITA RICHARDSON, SUP. NURSE, (760) 873-3412 OR (760) 937-8567; DR. JAMES RICHARDSON, (760) 873-3331 OR (760) 920-0433; MARLENA BAKER, RISK MANAGER (760) 872-2908, (760) 937-7378.