

Exposure Incident Report

Use this form to report incidences involving blood-borne pathogen exposure. Please email completed form to the Biosafety Officer at ehs@fiu.edu.

Date of Report: _____		Date of Incident: _____	
PERSONAL INFORMATION (Person Involved in Incident)			
Name: _____		Title: _____	
Department: _____		Location: _____	
Phone	Work: _____	Home: _____	Cell: _____
Email: _____			
HEPATITIS B STATUS INFORMATION			
Vaccine Received?	<input type="checkbox"/>	Date: _____	Vaccine Declined? <input type="checkbox"/>
LOCATION OF OCCURRENCE INFORMATION			
On Campus?	<input type="checkbox"/>	Campus: _____	Building: _____ Room: _____
Off Campus?	<input type="checkbox"/>	Facility Name: _____	Address: _____
If <i>Off</i> Campus, Was An Incident Report Filed At That Facility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, With Who?		Contact Number: _____	
EXPOSURE INCIDENT DETAILS			
Potentially Infectious Materials Involved (Blood, body fluid, etc.): _____		Source (Individual or Supplier): _____	
If Source From Individual, Is Their Health Status Known?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Was Follow-up Medical Treatment Provided?

Yes

No

If Yes, Where? _____

Describe The Task Being Performed At The Time of the Exposure:

Identify the Route of Exposure (Skin, eye, mucous membrane, etc.):

List Personal Protective Equipment Used at the Time of Exposure:

ADDITIONAL INFORMATION

List Individuals Whom the Incident Has Been Reported To:

1. Name/Title: _____ Location: _____ Phone: _____
2. Name/Title: _____ Location: _____ Phone: _____

List Any Witnesses Present:

1. Name/Title: _____ Location: _____ Phone: _____
2. Name/Title: _____ Location: _____ Phone: _____

FORM COMPLETED BY

Name:

Title:

Location: