

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 Used: _____

Actions Taken: (Decontamination, clean-up, reporting, etc.) _____

Recommendations for Avoiding Repetition: _____
