

EXPOSURE INCIDENT ASSESSMENT

Employee Name _____

School/Location _____

Date of Exposure Incident _____

Source of Exposure _____

1. Was this exposure the result of a cut or puncture with a sharp object? _____
Describe: _____

2. Did this exposure involve mucous membranes, such as eyes or mouth? _____
Describe: _____

3. Did this exposure involve non-intact skin? _____
Describe: _____

4. How much blood was involved? _____

5. Length of time that the area was exposed to blood/body fluids. _____

6. Did blood/body fluids soak through clothing? _____

7. What work or activity was being performed? _____

8. How was the incident caused (accident, equipment malfunction, etc.)? _____

9. Was personal protective equipment being used? _____
Describe: _____

10. Was other potentially infectious material besides blood involved? _____
Describe: _____
