

Accidental Bloodborne Pathogen Contact Report

Date of Incident:

Time of Incident:

Employee Name:

Employee ID:

Location of Incident:

Description of Incident:

Type of Exposure (e.g., Needlestick, Splash):

Immediate Action Taken:

Witnesses Present (if any):

Supervisor Notified:

Referred for Medical Evaluation: ☐

Submit Report