

Employee Body Fluid Contact Incident Report

Employee Information

Employee Name:

Employee ID:

Department:

Supervisor Name:

Incident Details

Date and Time of Incident:

Location of Incident:

Description of Incident:

Exposure Information

Type of Body Fluid (check all that apply):
☐ Blood
☐ Saliva
☐ Urine
☐ Other

Body Part(s) Exposed:

Personal Protective Equipment (PPE) Used:

Action Taken

First Aid Administered:

Referred for Medical Evaluation:

Name of Person Completing Report:

Date Completed:

Submit Report