

Calvin College

Appendix E: Report of Exposure to Blood or Other Potentially Infectious Material

COMPLETED BY EXPOSED INDIVIDUAL

Name _____ SSN _____ Position _____

Department _____ Date of incident _____ Time of incident _____

Location of incident (building, room, etc.) _____

What body fluid were you exposed to? _____

Explain what parts of your body became exposed, how long were you exposed, and if an object penetrated your body? _____

Describe what task(s) you were performing and what specific equipment (include the product number) when the exposure occurred _____

Explain what caused the exposure (accident, equipment malfunction, etc.) _____

List any Personal Protective Equipment that you were wearing _____

Did the Personal Protective Equipment fail? Yes ___ No ___ If yes, explain how _____

Explain any reasons for not wearing PPE as required by the college's exposure control plan _____

What actions were taken after your exposure (decontamination, first aid received, reporting, etc.)? _____

Have you had the Hepatitis B vaccination? Yes ___ No ___ If yes, when and where? _____

How many doses did you receive? _____ When was your last tetanus shot? _____

Can the source individual be identified? Yes ___ No ___ Source's name _____

Signature _____ Date _____