UNCG EXPOSURE TO BLOOD/INFECTIONOUS MAERIAL INCIDENT INVESTIGATION FORM

Employee Name (PRINT)___________________________________________________________

Date/Time of Incident: ___________ Location of Incident: _____________________________

Employee’s Immunization Status: HBV: # of Doses _____ Post Vaccine Titer _____

Source Individual written consent obtained? _________

Employee’s Duties and Circumstances as related to exposure incident (work being performed, etc.).
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Route of Exposure:
___ Accidental needle stick.
___ Mucous membrane exposure (i.e. splash to eye, mouth to mouth resuscitation)
___ Open skin lesion contact with potentially infectious material.

Describe the events leading up to and including the exposure incident:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

List of Personal Protective Equipment being used during the time of exposure:
_______________________________________________________________________________

Actions taken after exposure (decontamination, clean-up, reporting, etc.)
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Name of Supervisor notified: ___________________________ Date:_______________________
Recommendations for avoiding future occurrences:


Employee Signature______________________________________________Date______________________________

Supervisor Signature_____________________________________________Date______________________________

EHS Comments:


Name of EHS Representative Investigating Incident: ________________________________

EHS Rep. Signature: ________________________________ Date:___________________________