

**UNCG EXPOSURE TO BLOOD/INFECTIOUS 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: _____