



EXPOSURE INCIDENT REPORT

FCS Staff Only

Employee's Name _____ Date _____

Date of Birth _____ Business Phone _____ Home Phone _____

Job Title/Position _____

Date of Exposure _____ Time of Exposure _____ am/pm

Location of Incident _____

Employee Hep B Vaccination Status _____

Describe the job duties you were performing when the exposure incident occurred:

To what bodily fluids were you exposed? _____

What was the route of exposure? _____

Describe any personal protective equipment in use at the time of the exposure incident _____

Did the personal protective equipment fail? _____ If yes, how? _____

Name and Date of Birth of the Source Individual, if known _____

Other pertinent information _____

Employee Signature

Date

Employer Signature

Date