

Report of Exposure to Blood Other Potentially Infectious Material

COMPLETED BY EXPOSED INDIVIDUAL

Name: _____ Last 4 of SSN: _____

Position: _____ Department: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Potentially infectious material involved: _____

Type & route of exposure: _____

Source: _____

Circumstances (work being performed, etc.): _____

How incident was caused (accident, equipment malfunction, etc.): _____

Personal Protective Equipment being used: _____

Actions taken (decontamination, first aid received, reporting, etc.): _____

Have you had the Hepatitis B vaccination? yes no If yes, when? _____

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

Can the source individual be identified? yes no

Source's name: _____ Position: _____

Signature: _____ Date: _____

Mail Original to Department of Occupational Health and Fire Safety
@ Hope College 178 East 11th Street Holland, MI 49423
or bring to Campus Safety Building: Attention Occupational Health & Fire Safety