CONFIDENTIAL

Incident Reporting Form For
Exposure to Blood or Other Potentially Infectious Material

School District ____________________________________________

Date of Incident____________________________

Location of Incident _______________________

Name of Person/Persons Involved 
_________________________________________________________________

Source Individual
_________________________________________________________________

Employee’s Worksite
_________________________________________________________________

Description of Incident by Individual/s Involved
_________________________________________________________________

Investigative Description of Incident
_________________________________________________________________

Exposure Control Plan guidelines Followed _____ YES _____ NO (If NO, describe.)
_________________________________________________________________

Determination of Exposure Incident _____YES _____NO

Exposure Route ____________________________________________

Report Completed By____________________________Date______________