

Exposure Incident Investigation Form

Date of incident: _____ Time of incident: _____

Location: _____

Potentially infectious materials involved:

Type: _____ Source: _____

Type: _____ Source: _____

Type: _____ Source: _____

Circumstances (work being performed, etc.):

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

Personal protective equipment being used:

Actions being taken (decontamination, clean-up, reporting, etc.):

Recommendations for avoiding repetition:

