APPENDIX 12
EXPOSURE INCIDENT INVESTIGATION REPORT

Person conducting investigation: ________________________________

Date of Exposure: ________________________________ Time of Exposure: ________________

Location where exposure occurred: ________________________________

Type of potentially infectious material involved: ________________________________

__________________________________________________________________________

Source of material: _______________________________________________________________________

__________________________________________________________________________

Task being performed: _______________________________________________________________________

__________________________________________________________________________

Cause of exposure: _______________________________________________________________________

__________________________________________________________________________

What type of PPE, if any: _______________________________________________________________________

What actions were taken to decontaminate, medically treat, report the exposure: ________________

__________________________________________________________________________

__________________________________________________________________________

Actions taken to prevent future exposure: _______________________________________________________________________

__________________________________________________________________________

(Use back of form if necessary)