

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)