

**EXPOSURE INCIDENT REPORT FORM**  
**Bloodborne Pathogen Exposure Program**

\_\_\_\_\_  
Report Date

\_\_\_\_\_  
Employee Last Name

\_\_\_\_\_  
Employee First Name

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Incident Date

\_\_\_\_\_  
Incident Location

\_\_\_\_\_  
Supervisor's Name

Provide a description of the exposed employee's duties as they relate to the exposure incident:  
(Attach additional information, if necessary.)

How did the exposure incident occur? Please provide an explanation of the routes(s) of exposure and the circumstances under which the exposure incident occurred:

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE