



Disability Development Resources, L.L.C.

Bloodborne Pathogens Exposure Incident Report

1. _____ 2. _____
Employee Director

3. _____ 4. _____
Date of Incident/Accident Time of Incident/Accident

5. _____
Incident/Accident Location and Case Number (if applicable)

6. Describe the incident fully (rout of exposure, circumstances; describe type of controls in place at time of incident engineering controls and personal protective equipment worn; identify unsafe conditions and/or actions; relevant police reports).

7. Describe employee’s injury (part of the body/type of injury).

8. Describe first aid/medical treatment (when and by whom).

9. When was the incident reported? _____ To whom? _____
If not immediately reported, why? _____

10. List names of witnesses.

11. Is the source individual known? Yes _____ No _____ If yes, please provide name/address so that consent for blood testing can be obtained.

Name: _____ Address: _____

DID THE SOURCE CONSENT TO BLOOD DRAW AND TESTING?

Yes _____ No _____

12. What corrective action was taken or is planned to prevent similar accidents from occurring in the future?

13. Referral to medical evaluator? Yes _____ No _____ Date: _____

If no, explain: _____

NAME OF INVESTIGATOR: _____

TITLE: _____ DATE: _____