

Healthcare Worker Exposure Incident Report

Reporter Information

Name

Department/Unit

Date of Report

Job Title

Contact Number

Incident Details

Date of Incident

Time of Incident

Location of Incident

Type of Exposure

Describe the Incident

Immediate Action Taken

Was Personal Protective Equipment (PPE) Used?

If yes, specify PPE used

Source Information

Source Patient Name or ID (if known)

Diagnosis (if known)

Follow-Up

Notified Supervisor?

Supervisor Name

Recommended Next Steps