## **Biological Exposure Incident Report**

Date of Incident	
Time of Incident	
Location	
Reported By	
Job Title	
Department	
Description of Incident	
Type of Exposure	
Details of Exposure (if applicable)	▼
Details of Exposure (if applicable)	
Personal Protective Equipment Used	
Personal Protective Equipment Used	
Personal Protective Equipment Used  Immediate Action Taken	
Immediate Action Taken	
Immediate Action Taken  Witness(es)	
Immediate Action Taken	
Immediate Action Taken  Witness(es)	
Immediate Action Taken  Witness(es)  Reported To (Supervisor/Manager)	