

Biological Hazard Exposure Incident Form

Date of Incident

Time of Incident

Name of Person Reporting

Position/Title

Department/Unit

Location of Incident

Name(s) of Exposed Individual(s)

Type of Biological Hazard

Description of Incident

Route of Exposure

Personal Protective Equipment (PPE) Used

Immediate Action Taken

Was medical attention sought?

Follow-up/Recommendations

