## **Bloodborne Pathogens Exposure Reporting Form**

Employee Name
Employee ID
Employee ib
Department
Date of Incident
Date of incident
Time of Incident
Language of hard and
Location of Incident
Description of Exposure Incident
Route(s) of Exposure (e.g., needlestick, mucous membrane, cut, etc.)
Noute(s) of Exposure (e.g., freediestick, fridcods friembrane, cut, etc.)
Source of Blood/Body Fluid (if known)
Personal Protective Equipment (PPE) Used
First Aid Measures Taken
Supervised/Manager Deported To
Supervisor/Manager Reported To
Witnesses (Name & Contact Info)
Fundame Cinnetine
Employee Signature
Date
Superviser Signature
Supervisor Signature
Date