

Bloodborne Pathogens Exposure Reporting Form

Employee Name

Employee ID

Department

Date of Incident

Time of Incident

Location of Incident

Description of Exposure Incident

Route(s) of Exposure (e.g., needlestick, mucous membrane, cut, etc.)

Source of Blood/Body Fluid (if known)

Personal Protective Equipment (PPE) Used

First Aid Measures Taken

Supervisor/Manager Reported To

Witnesses (Name & Contact Info)

Employee Signature

Date

Supervisor Signature

Date

