

New Jersey Department of Health
PEOSH Unit

EXPOSURE INCIDENT REPORT
(Routes and Circumstances of Exposure Incident)

(Please print)

Date Completed: _____

Employee's Name: _____ SS# _____

Home Phone: _____ Business Phone: _____

DOB: _____ Job Title: _____

Employee Vaccination Status: _____

Date of Exposure: _____ Time of Exposure: _____ AM PM

Location of Incident (Home, Street, Clinic, etc.). Be specific.

Nature of Incident (Auto Accident, Trauma, Medical Emergency). Be specific.

Describe what task(s) you were performing when the exposure occurred. Be specific.

Were you wearing personal protective equipment (PPE)? Yes No

If Yes, list: _____

Did PPE fail? Yes No

If Yes, explain how: _____

What body fluid(s) were you exposed to (blood or other potentially infectious material)? Be specific.

What parts of your body became exposed? Be specific.

Estimate the size of the area of your body that was exposed:

EXPOSURE INCIDENT REPORT
(Continued)

Attachment D
(Two sided)

For how long? _____

Did a foreign body penetrate your body (needle, nail, auto part, dental wires, etc.)? Yes No

If Yes, what was the object? _____

Where did it penetrate your body? _____

Was any fluid injected into your body? Yes No

If yes, what fluid? _____ How much? _____

Did you receive medical attention? Yes No

If yes, where? _____

When? _____

By Whom? _____

Identification of source individual(s): _____

Name(s): _____

Did you treat the patient directly? Yes No

If yes, what treatment did you provide? Be specific: _____

Identification of source individual(s): _____