

Bloodborne Pathogens Post Exposure Incident Report Form

This form must be completed by the exposed employee and their supervisor and returned to the Office of Safety & Risk Management (safety@wcu.edu) within 24 hours from the time of occupational exposure.

Instructions: Fill out this form for any occupational exposure to blood, body fluids, or high titers of cell-associated or free virus via:

1. Percutaneous exposure, i.e. needle stick or another sharp device
2. Permucosal exposure, i.e. splash in the eye or mouth
3. Cutaneous exposure, i.e. non-intact skin, or involving large amounts of blood or prolonged contact with blood, especially when exposed skin is chapped, abraded, or afflicted with dermatitis.

Employee Name: _____ **Employee 92#** _____

Job Title: _____ **Department:** _____

Date of Incident: _____ **Time of Incident:** _____ **Location:** _____

Detailed Description, including the potentially infectious material (blood, body fluid, etc.), route of exposure (#1-3 listed above), circumstances surrounding the exposure, the sharps device & brand (if applicable), and personal protective equipment being used.

Supervisor Name: _____ **Email:** _____

Supervisor Statement: Include a description of the employee's duties as they relate to the exposure and any additional information about the exposure incident.