

CONFIDENTIAL

**Incident Reporting Form For
Exposure to Blood or Other Potentially Infectious Material**

School District _____

Date of Incident _____

Location of Incident _____

Name of Person/Persons Involved

Source Individual

Employee's Worksite

Description of Incident by Individual/s Involved

Investigative Description of Incident

Exposure Control Plan guidelines Followed ___ YES ___ NO (If NO, describe.)

Determination of Exposure Incident ___ YES ___ NO

Exposure Route _____

Report Completed By _____ Date _____