

**EXPOSURE INCIDENT REPORT
BUNCOMBE COUNTY SCHOOLS**

Date of Exposure: _____ Time of Exposure: _____

Employee Name: _____ Social Security Number: _____

Job Title: _____ School or Department: _____

Type of exposure incident (needle stick, first aid, bite, etc.): _____

What potentially infectious material were you exposed to? _____

What part(s) of your body was (were) exposed? (Be specific: skin on hands, nose, eyes, etc.)

Did you have any open cuts, sores or rashes on the exposed body part? _____

Was the source of the exposure a person or a surface? PLEASE do not indicate the name of the person.

Explain how and where the exposure occurred. _____

Did you decontaminate yourself after the exposure? If so, how? _____

What personal protective equipment were you using at the time of the exposure? (Be specific: type of gloves, goggles, etc.) _____

Have you sought medical attention from your school nurse or other medical professionals? If so, list the date of treatment and name of medical professional. _____

Employee Signature Date

Signature of Supervisor/Principal Date

This report must be submitted to the Safety Officer as soon as possible.