

APPENDIX A

POST EXPOSURE INCIDENT REPORT

Name of employee who incurred exposure incident: _____

Date of Birth: _____ M _____ F _____

Address: _____ Phone: _____

Date/time of exposure incident: _____

Supervisor in charge: _____

Witnesses:

Name: _____ Address: _____

Name: _____ Address: _____

Location of exposure incident (be specific): _____

How did the exposure incident occur? Describe the sequence of events: _____

What controls, work practices, and protective equipment were in place at the time?

Were they properly used? YES _____ NO _____

If no, please explain: _____

Actions taken to prevent recurrence: _____

Date: _____

Signed: _____