THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
REVIEW OF EMPLOYEE EXPOSURE TO
BLOOD/INFECTION MATERIAL

Complete and forward copies to your supervisor and the Office of Safety

Employee Name: _____________________________ Date of Report: __________________

Date/Time of Incident: ______________________________________________________

Location of Incident: _______________________________________________________

Other Personnel Present: ___________________________________________________

Was exposure a:    ___Needlestick    ___Cut    ___Splash    ____Other

Was the source individual or object identified? ___________

Describe the circumstances leading up to and including the exposure:____________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe measures taken after the exposure:

________________________________________________________________________
________________________________________________________________________

Name of supervisor notified: _____________________________ Date/Time: _____________

List Personal Protective Equipment being worn at the time of exposure:

________________________________________________________________________

How do you feel this incident could have been prevented?_____________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of person completing form: __________________________________________
Printed name of person completing form: _____________________________

Office of Safety Findings and Recommendations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Office of Safety Investigator: ___________________________ Date: