

**THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO
REVIEW OF EMPLOYEE EXPOSURE TO
BLOOD/INFECTIOUS 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:
