

PINELLAS COUNTY SCHOOLS
BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT

EMPLOYEE NAME _____

JOB TITLE _____

SCHOOL/FACILITY _____

REPORT DATE _____

SOURCE PERSON NAME _____

____ Employee ____ Student

CIRCUMSTANCES OF INCIDENT

Source of Body Fluid:

Blood Yes ____ No ____

Other Body Fluid (Specify) _____

Type of Exposure:

____ Needle Stick/Puncture

____ Non-Intact Skin Contact

____ Abrasion/Laceration Contact

____ Bite

____ Mucous Membrane Contact (Eyes/Mouth)

____ Other _____

Employee description of exposure incident: _____

Post Incident Actions Taken:

Date and Time

Administer First Aid

Cleanup and Decontaminate Area

Notification to Supervisor

Medical Evaluation Appointment made within 24 hours if positive evaluation
