

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 \_\_\_\_\_