

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 _____