

**RICHARD STOCKTON COLLEGE OF NEW JERSEY
EXPOSURE INCIDENT REPORT**

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

Please Print

DATE COMPLETED _____

EMPLOYEE'S NAME _____

SS# _____

HOME PHONE _____ WORK

PHONE _____ CELL _____

D.O.B. _____ JOB

TITLE _____

EMPLOYEE VACCINATION STATUS _____

DATE OF EXPOSURE _____ TIME OF

EXPOSURE _____ AM ___ PM ___

LOCATION OF INCIDENT (BE
SPECIFIC) _____

NAUTRE OF INCIDENT (BE SPECIFIC) _____

DESCRIBE TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE
OCCURRED (BE SPECIFIC) _____

WERE YOU WERAING PPE? YES _____ LIST
NO _____

DID PPE F AIL?

YES _____ HOW? _____ NO _____

WHAT BODY FLUIDS, OTHER POTENTIALLY INFECTIOUS MATERIALS WERE
YOU EXPOSED TO, BE SPECIFIC _____

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WHAT PART(S) OF YOUR BODY WERE EXPOSED? BE SPECIFIC _____

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED _____

DID A FOREIGN BODY, (NEEDLE, METAL, GLASS, ETC) PENETRATE YOUR BODY?

YES _____ WHAT _____
_____ NO _____

WHERE DID IT PENETRATE YOUR BODY?

WAS ANY FLUID INJECTED INTO YOUR BODY? YES _____ NO _____

DID YOU RECEIVE MEDICAL ATTEMPTION? YES _____ NO _____

IF YES, WHERE?

_____ WHEN _____

BY WHOM?

IDENTIFICATION OF SOURCE INDIVIDUAL(S)

NAMES _____

ANY/ALL OTHER PERTINENT INFORMATION _____

