

IUFW Medical Imaging and Radiologic Sciences
Bloodborne Pathogens Exposure Incident Form

In the event of an exposure incident, this form must be completed. This form is intended to evaluate the control methods used to prevent employee/student exposure.

Name of Person Exposed: _____ Incident Date: _____

Location of Incident: _____ Incident Time: _____

Exposure Type (please check)

- **Sharps injury**
- **Needle stick**
- **Splash to mucous membranes**
- **Broken skin contact**
- **Other:** _____

Identification of Potentially Infectious Material(s): _____

Description of Incident: _____

Witnesses to Incident: _____

Describe engineering and work practice controls in use: _____

Describe protective equipment in use: _____

Who/What is responsible for the failure of these controls? _____

What changes need to be made to prevent reoccurrence? _____

Has the exposed individual been advised to seek medical attention? _____

Report prepared by: _____ Position: _____

Exposed individual's signature to indicate concurrence with report: _____

Copies to:

1. Program Representative
2. Exposed Individual
3. IUFW Associate Vice Chancellor of Academics and Operations