

**Indiana University Fort Wayne**  
**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: \_\_\_\_\_

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:**

Program Representative

Exposed Individual

IUFW Associate Vice Chancellor of Academics and Operations