

**Document A**

**EXPOSURE INCIDENT REPORT**

*To be filled out by the exposed individual involved in an exposure incident. Please fill out as completely as possible.*

Date of Exposure Incident \_\_\_\_\_

Exposed Individual's Name \_\_\_\_\_

Job Title or Student \_\_\_\_\_

HBV (Hepatitis B Virus) Vaccination status (please circle)

Fully vaccinated

Partially vaccinated

Not vaccinated

Time of suspected exposure \_\_\_\_\_

Location of incident \_\_\_\_\_

Describe as specifically as possible what procedure(s) you were performing when exposure occurred. Describe how the exposure incident occurred.

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Were you using personal protective equipment? (e.g. gloves, lab coat, and mask) Yes ☐ No ☐

Did the PPE fail? Yes ☐ No ☐

If yes, explain how:

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To what body fluid(s) were you exposed? Circle all that apply:

- ☐ blood
- ☐ semen
- ☐ vaginal secretions
- ☐ unfixed tissues
- ☐ body fluid visibly contaminated with blood
- ☐ couldn't tell what fluid it was

How much fluid do you think you were exposed to approximately?

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What part(s) of your body became exposed?

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Did a "sharps" (hollow-bore needle, acupuncture needle, glass, wooden stick etc.) penetrate your body?

Yes ☐ No ☐

If yes, what was the object? 

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Where did it penetrate your body? 

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How deep was the puncture? 

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Did you administer first aid? Yes ☐ No ☐ Treatment declined by injured party ☐

Describe what you did:

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Please attach a separate sheet for additional comments:

Signature: 

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Printed Name

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Contact phone number