



School District of the City of Pontiac

Human Resources Office | Y'londa Kellum, Assistant Superintendent of Human Resources

INCIDENT REPORT OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Directions: To be completed by employee reporting exposure and forwarded within two days to the Employee Benefits Coordinator in Human Resources

EMPLOYEE NAME: _____

BUILDING: _____ JOB TITLE: _____

DATE OF INCIDENT: _____

DATE REPORTED TO YOUR ADMINISTRATOR: _____

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1. NATURE OF THE EXPOSURE

- Did another person's blood come into contact with the cut/scratch, broken skin?

- Did the blood come into contact with our eyes, nose, or mouth? _____
- Were you bitten: _____
- Were you wearing gloves? _____
- Did the blood come into contact with the glove only and not part of your body? _____
- If the blood came into contact with your body, which body part made contact with the blood?

2. What activities were taking place when you came into contact with the blood?

3. Please provide the name of the person whose blood you came into contact with: _____

4. Please list the names of other individuals involved in the incident: _____



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5. Please list the names of others who observed the incident: _____

6. Recommendations for avoiding a repeat incident: _____

7. Vaccination Information:

- Have you previously received the Hepatitis B vaccination series? _____

- o If yes, approximately when: _____

- Have you previously been offered the Hepatitis B vaccination through Pontiac Schools? _____

- o If yes, approximately when: _____

- If not vaccinated, would you like to receive the Hepatitis B vaccination series now? _____

8. Have you been involved in other exposure incidents? _____ If yes, please give the approximate date(s) of those incidents: _____

Employee Signature: _____

Date: _____

Home Address: _____

Phone: _____

****PLEASE SUBMIT THIS REPORT WITHIN TWO DAYS OF AN EXPOSURE INCIDENT TO THE EMPLOYEE BENEFITS COORDINATOR, DEPARTMENT OF HUMAN RESOURCES****