



# Incident Report **Exposure to Blood or Other Potentially Infectious Materials**

Please submit completed form to EH&S, J.M. Smith Hall, Room 414

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

UID: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_ A.M. P.M.

Was Protective Equipment being used? Yes No

Source of exposure (if pricked by sharps, include device used, type, and brand):

HBV Status of Source Positive Negative Unknown

HIV Status of Source Positive Negative Unknown

Explain how the exposure occurred:

Describe the immediate action taken:

Additional Comments:

Incident was reported to: \_\_\_\_\_

Has a physician referral been scheduled? Yes No

I understand the potential risks related to the exposure incident which occurred, and I agree to receive an examination and/or treatment for the exposure, as recommended by my physician. This includes serological testing for Hepatitis B, HIV, and other pathogens, if so indicated.

I understand the potential risks related to the exposure incident which occurred, and I DO NOT agree to have an examination or treatment for the exposure.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Please Note:** Employee’s supervisor MUST COMPLETE and ATTACH a “First Report of Injury or Illness” form (found on the [EH&S website](#)) as required by University Operating Procedure UM1293.