

Weber State University
Incident Information Form
for an Occupational Bloodborne Pathogens Exposure

Note to Clinical Instructor or Supervisor: Print this form, and ensure a completed copy is delivered to WSU's Environmental Health & Safety Office within 24 hours of the incident. EH&S is located in Annex 5 on campus. Our fax is (801) 626-8530. If you have questions, contact EH&S at (801) 626-7547.

Workers Compensation Insurance Information: A blood exposure to a WSU employee or student intern is covered under the university's policy. If you or the health care agency have any questions, contact WSU's coordinator at (801) 626-7823.

Exposed Individual's Information

Check one: Employee Student Report Date: _____

Name: _____

Address: _____

Telephone: _____ Social Security Number: _____

Exposure Information

Exposure Date: _____ Exposure Time: _____

Facility and specific location within it where incident occurred (room, etc.): _____

Type and model of device involved in the incident (needle, lancet, etc.) _____

Type of protection equipment used (gloves, goggles, etc.): _____

Route of exposure (stick, splash, etc.) and circumstances under which exposure occurred: _____

Tell how this type of exposure can be prevented: (Use additional sheet if needed.) _____

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Program / Department Information

WSU department or program in which you are enrolled or employed: _____

Basic job description/duties: _____

Supervisor/Clinical Instructor: _____

Supervisor/Clinical Instructor's Telephone: _____