



WEBER STATE UNIVERSITY

Environmental Health & Safety

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 Human Resources (HR) Dept 1016 within 24 hours of the incident. If you have questions, contact HR at hr@weber.edu or by phone: 801-626-6184

Workers Compensation Insurance Information: 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 Phone: 801-626-6184.

Exposed Individual's Information:

Employee <input type="checkbox"/>		Student <input type="checkbox"/>		Report Date		Social Security Number	
Last Name, First, Middle						W#	
City, State, Zip Code				Home /Cell Phone		Work Phone	
Date of Birth		Gender Assigned at Birth		Date of Hire		Job Title	
Employee Type Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <input type="checkbox"/> Other _____		Employment Status Full Time: <input type="checkbox"/> Seasonal: <input type="checkbox"/> Part-Time: <input type="checkbox"/>		Employment Status Cont. Student Intern: <input type="checkbox"/> AssignedVolunteer: <input type="checkbox"/>		If Student : Name of college _____ Lab Manager _____	
Department/Program		Supervisor/ Clinical Instructor		Supervisor/Clinical instructors Phone			
Exposure Information							
Exposure Date:		Exposure Time		Witness Name & Phone Number			
Facility a Specific Location Within It Where Accident 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 an additional sheet if needed.)							
Medical Treatment							
Doctor/ Facility			Address of Facility			Telephone	
Employee signature							
Date							

Supervisor or Clinical Instructor:

Print and complete this form **only if the exposed individual refuses post-exposure medical evaluation by a health care professional**. Send this completed form to HR@weber.edu

I have been fully trained in WSU's Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV, or HBV. I also understand the implications of contracting these diseases.

I have been offered follow-up medical testing free of charge by my employer to determine whether or not I have contracted an infectious disease such as HIV, HCV, or HBV. I have also been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow-up care.

Exposed Individual's Signature: _____

Date: _____

Witness Name: _____

Signature: _____