

**EXPOSURE INCIDENT REPORT**  
**Bloodborne Pathogen Exposure Control Program**  
**Angelo State University**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
ASU Department

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date of Exposure: \_\_\_\_\_

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

Where did incident occur? \_\_\_\_\_

Describe task you were performing at time of exposure: \_\_\_\_\_

What bloodborne pathogen were you exposed to? \_\_\_\_\_

List part of body that was exposed: \_\_\_\_\_

Did a foreign object penetrate your body? \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

If yes, what was the object? \_\_\_\_\_

Was any liquid injected into your body? \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

If yes, what was the liquid? \_\_\_\_\_

Were you wearing personal protective equipment at time of exposure? \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

If yes, what type were you wearing: \_\_\_\_\_

Did you receive medical treatment? \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

If yes, where? \_\_\_\_\_

Date: \_\_\_\_\_ Doctor's name providing treatment: \_\_\_\_\_

Did you fill out an ASU Incident Report? \_\_\_\_\_ (Y) \_\_\_\_\_ (N)

Additional information about the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature