BBP-1
EXPOSURE INCIDENT REPORT FORM

Employee Name ____
(please print)
UIN# ____
Department ____
Date ____
Supervisor Name ____

Description of Incident: (be specific and include date, approximate time and place)
Use back of sheet if needed

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Immediate Actions Taken: ____

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Source of Blood or OPIMs (include name of source individual, if known): ___________________

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Personal Protective Equipment Worn: ____

Hepatitis B Vaccination Status: ___ declined vaccine ___complete ___1st shot ___2nd shot

Employee Signature ______________________________ Date ________________________