

EXPOSURE INCIDENT FORM

Date: ___/___/___ Time: _____ a.m./p.m.

Location: _____

Name(s) of person(s) involved:

Location Description:

The chemical(s) under suspicion: _____

MSDSs available? _____

Other chemicals used by the individual(s):

Other chemicals stored/used in that area:

Symptoms exhibited or claimed by the exposed individual(s):

EXPOSURE EVALUATION FORM

Were control measures, such as fume hoods and personal protective equipment, used(list)? If so, were they used properly?

Were any air sampling or monitoring devices in place (before, during, after)? If so, are their measurements consistent with exposure limits?
