



Supervisor's Report of Employees Duties and Description of Exposure Incident

Employee Name:	
Employee Job Title:	
Assigned Post:	
Location of Incident:	
Date of Incident:	
Time of Incident:	
Source Individual, If Known:	
Description of Employee's Duties at Time of Incident:	
Description or Nature of Exposure Incident, Include Route of Exposure, Sharps Involved, etc.:	
Was this a Direct Exposure Incident, i.e., Blood to Blood, or Other Contact with Mucous Membrane, etc.? Please Describe Fully.	
Date:	
Name of Supervisor Completing Report:	
Signature:	