



Supervisor's Report of Employee's 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 (blood or OPIM made direct contact with eye, mouth, other mucous membrane, non-intact skin, or penetrated skin)? Please describe fully.	
For Exposure Incidents Involving AICs only: The employee was provided the prepared Treating Physician Authorization Release of Information letter (CD1947) with institution specific information. Yes <input type="checkbox"/>	
Date	
Name of supervisor completing report	
Signature	