

**RICHARD STOCKTON COLLEGE OF NEW JERSEY  
EXPOSURE INCIDENT REPORT**

(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)

**Please Print**

DATE COMPLETED \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_

SS# \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

D.O.B. \_\_\_\_\_ JOB

TITLE \_\_\_\_\_

EMPLOYEE VACCINATION STATUS \_\_\_\_\_

DATE OF EXPOSURE \_\_\_\_\_ TIME OF

EXPOSURE \_\_\_\_\_ AM \_\_\_ PM \_\_\_

LOCATION OF INCIDENT (BE  
SPECIFIC) \_\_\_\_\_

NAUTRE OF INCIDENT (BE SPECIFIC) \_\_\_\_\_

DESCRIBE TASK(S) YOU WERE PERFORMING WHEN THE EXPOSURE  
OCCURRED (BE SPECIFIC)  
\_\_\_\_\_

WERE YOU WERAING PPE? YES \_\_\_\_\_ LIST

NO \_\_\_\_\_

DID PPE F AIL?

YES \_\_\_\_\_ HOW? \_\_\_\_\_ NO \_\_\_\_\_

WHAT BODY FLUIDS, OTHER POTENTIALLY INFECTIOUS MATERIALS WERE  
YOU EXPOSED TO, BE SPECIFIC  
\_\_\_\_\_

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WHAT PART(S) OF YOUR BODY WERE EXPOSED? BE SPECIFIC \_\_\_\_\_

ESTIMATE THE SIZE OF THE AREA OF YOUR BODY THAT WAS EXPOSED \_\_\_\_\_

DID A FOREIGN BODY, (NEEDLE, METAL, GLASS, ETC) PENETRATE YOUR BODY?

YES \_\_\_\_\_ WHAT \_\_\_\_\_  
\_\_\_\_\_ NO \_\_\_\_\_

WHERE DID IT PENETRATE YOUR BODY?

WAS ANY FLUID INJECTED INTO YOUR BODY? YES \_\_\_\_\_ NO \_\_\_\_\_

DID YOU RECEIVE MEDICAL ATTEMPTION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHERE?

\_\_\_\_\_ WHEN \_\_\_\_\_

BY WHOM?

IDENTIFICATION OF SOURCE INDIVIDUAL(S)

NAMES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY/ALL OTHER PERTINENT INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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