



AURORA UNIVERSITY

**EXPOSURE INCIDENT REPORT
Blood Borne Pathogens**

(Please Print) Date Completed_____

Employee's Name_____ Department_____

Job Title_____

Home Address (street, city, state, zip)_____

Home and/or cell phone_____ Date of Birth_____

Employee HBV vaccination status (if known)_____

DATE OF EXPOSURE_____ TIME OF EXPOSURE_____AM/PM

LOCATION OF INCIDENT (BUILDING, STREET, ETC. – BE SPECIFIC)

NATURE OF INCIDENT (sports trauma, spill, lab accident, puncture wound, etc.) (Please be specific.) _____

What tasks were being performed when the exposure occurred? (Please be specific.)

Was employee utilizing personal protective equipment (PPE)? YES_____ NO_____

If YES, please list _____

Did the PPE fail? YES_____ NO_____

If YES, please explain how

What specific types of body fluids was employee exposed to? (Blood, vomit, etc.) (Please be specific.)

What part(s) of the employee's body were exposed? What is the approximate size of the area of the body that was exposed?

How long was employee exposed before being able to appropriately clean/clear the exposed area? _____

Did a foreign body (needle, nail, other sharp item) penetrate your skin?

YES _____ NO _____

If yes, what was the object and where did the penetration occur?

Was any fluid injected into the employee's body? If so, what was the fluid and how much fluid?

NO _____ YES _____

Has employee received medical attention? YES _____ NO _____

If YES, Where, when and by whom?

Signature of the Employee / Date

Signature of Supervisor or person preparing this report / Date

Please return completed form to Human Resources at Aurora University within 24 hours of the incident.

If you have questions, call or e-mail Human Resources:

Phone 630-844-5493

Fax 630-844-5650

E-mail: hr@aurora.edu