

CITY OF FAIRBANKS EXPOSURE FORM

(To be completed by employee at the time of the incident.)

Employee's Name: _____ Date of Birth: _____

SSN: ____-____-____ Home Phone : _____ Work Phone: _____

Address: _____ City: _____, Alaska Zip: _____

Incident Information

Run #: _____ Shift: _____ Officer: _____

Patient's Name: _____

Incident Location: _____

Type of Incident: _____

Exposure Description

Date of Exposure: _____ Time of Exposure: _____

1. What body fluid(s) were you in contact with? (Circle all that apply.)

Blood Feces Saliva Sputum
Sweat Tears Urine Vomitus

Other (Describe) _____

What was the method of contact?

_____ Needlestick with a contaminated needle.

_____ Blood or body fluid(s) into natural openings (e.g., nose, mouth, eye, etc.).

_____ Blood or body fluid(s) into cut, wound, sore, or rashes less than 24 hours old.

 Please specify: _____

_____ Blood or body fluid(s) on intact skin.

_____ Other (Describe specifically) _____

How did the exposure occur? (Be specific.):

2. What action was taken in response to the exposure to remove the contamination (e.g., hand washing)?

3. What personal protective equipment was being used at the time of exposure?

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____