

## ***Exposure Incident Record***

### **Facility Information:**

Tattoo Shop Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Preparation:

By: \_\_\_\_\_

Title: \_\_\_\_\_

### **Employee Information:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Age and Sex: \_\_\_\_\_ HBV Vaccinated ? Yes No

### **Incident Information:**

Time and Location of Incident:

\_\_\_\_\_

Supervisor on Duty:

\_\_\_\_\_

Employee task and activity:

\_\_\_\_\_

The employee was exposed to (circle one):

1. Blood/Body Fluid
2. Vomit
3. Other \_\_\_\_\_

Type of Exposure (circle one):

1. Needlestick/ Sharps accident
2. Contact with mucous membranes (eyes, nose, mouth)
3. Contact with skin (circle all that apply)
  - a. Chapped
  - b. Abraded
  - c. Dermatitis
  - d. Prolonged or extensive contact

Description of incident

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Part or parts of the body contaminated

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Quantity of infectious material to which personnel was exposed

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### **Source Individual**

Name:

Address:

Phone:

Is the source individual's HBV antigen/antibody status known (circle one)? Yes No

Is the source individual's HIV antigen/antibody status known (circle one)? Yes No

### **Post Exposure Treatment**

Recommended course of treatment:

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### ***Post Exposure Evaluation***

What workplace conditions, practice, or personal protective equipment contributed to the incident?

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Was a company safety policy violated? Explain:

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What corrective measures have been taken?

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***New policy Recommendations***

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**Other Comments:**

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