

# Alligator Point / Saint Teresa Volunteer Fire Department

## Exposure Report:

### Incident Information

- **Date & Time:** \_\_\_\_\_
- **Location:** \_\_\_\_\_
- **Report #:** \_\_\_\_\_

### Exposed Individual

- **Name:** \_\_\_\_\_
- **Position:** \_\_\_\_\_
- **Contact:** \_\_\_\_\_

### Incident Details

- **Type of Exposure:** (✓ all that apply)

☐ Bloodborne Pathogens ☐ Hazardous Materials ☐ Other: \_\_\_\_\_

- **Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Route of Exposure:** (✓ all that apply)

☐ Needlestick ☐ Skin Contact ☐ Inhalation ☐ Mucous Membrane ☐ Other: \_\_\_\_\_

- **PPE Used?** ☐ Yes ☐ No (If yes, specify: \_\_\_\_\_)
- **Immediate Actions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Post-Exposure Actions

- **Reported to Safety Officer?** ☐ Yes ☐ No
- **Date/Time Reported:** \_\_\_\_\_
- **Medical Evaluation?** ☐ Yes ☐ No (Facility: \_\_\_\_\_  
Provider: \_\_\_\_\_)
- **Follow-Up Actions:** \_\_\_\_\_

**Witness (if applicable)**

- **Name:** \_\_\_\_\_
- **Contact:** \_\_\_\_\_

**Signatures**

Exposed Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ Date: \_\_\_\_\_