

# ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

## OCCUPATIONAL EXPOSURE REPORT

Complete as soon as practical after a suspected occupational exposure. Confidential medical information should be maintained separately.

### 1. INCIDENT INFORMATION

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_ Department Report # \_\_\_\_\_

Incident / CAD # (if applicable) \_\_\_\_\_ Officer in Charge \_\_\_\_\_

### 2. EXPOSED INDIVIDUAL

Name \_\_\_\_\_ Position / Rank \_\_\_\_\_

Phone / Contact \_\_\_\_\_ Station / Assignment \_\_\_\_\_

### 3. EXPOSURE DETAILS

Type / route of exposure - check all that apply:

- |                                          |                                                 |                                             |
|------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Blood / OPIM    | <input type="checkbox"/> Needlestick / Sharps   | <input type="checkbox"/> Mucous Membrane    |
| <input type="checkbox"/> Non-intact Skin | <input type="checkbox"/> Inhalation             | <input type="checkbox"/> Hazardous Material |
| <input type="checkbox"/> Other: _____    | <input type="checkbox"/> Unknown / Undetermined |                                             |

**NARRATIVE - Describe exactly what occurred, the task being performed, exposure route/body area, material involved, and any other relevant circumstances:**

**PPE in use:**

- |                                            |                                              |                                       |
|--------------------------------------------|----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Gloves            | <input type="checkbox"/> Eye Protection      | <input type="checkbox"/> Face Shield  |
| <input type="checkbox"/> Mask / Respirator | <input type="checkbox"/> Protective Clothing | <input type="checkbox"/> Other: _____ |

**Was PPE damaged, penetrated, removed, or otherwise ineffective?**

- ☐ No ☐ Yes - explain: \_\_\_\_\_

#### 4. IMMEDIATE ACTIONS

- ☐ Washed affected skin      ☐ Flushed eyes / mucous membranes      ☐ Removed contaminated PPE/clothing
- ☐ Isolated contaminated equipment      ☐ Notified officer      ☐ Other: \_\_\_\_\_

**Describe immediate actions taken:**

#### 5. POST-EXPOSURE ACTIONS

**Reported to Safety Officer - Date/Time** \_\_\_\_\_

**Medical evaluation offered / arranged** \_\_\_\_\_

**Medical evaluation:**

- ☐ Accepted      ☐ Declined      ☐ Facility / Provider: \_\_\_\_\_

**Source individual identified, if applicable and legally available?**

- ☐ Yes      ☐ No      ☐ Not Applicable

**Follow-up / referral instructions provided?**

- ☐ Yes      ☐ No

**Workers' compensation / injury report initiated if applicable?**

- ☐ Yes      ☐ No      ☐ Not Applicable

**Follow-up / corrective actions:**

#### 6. WITNESS / ADDITIONAL INFORMATION

**Witness Name** \_\_\_\_\_

**Witness Contact** \_\_\_\_\_

**Additional information:**

#### 7. SIGNATURES

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

Date: \_\_\_\_\_

Safety Officer / Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Fire Chief / Designee: \_\_\_\_\_

Date: \_\_\_\_\_

**CONFIDENTIALITY:** Medical records, laboratory results, and other confidential healthcare information should be maintained in the restricted medical/exposure file, not in the routine incident narrative.