

EXPOSURE INCIDENT RECORD

Tattoo Shop Name: _____

Address: _____

Date of Preparation: _____

By: _____

Title: _____

Employee Information:

Name: _____ SSN: _____

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

Description of incident:

Part or parts of the body contaminated: _____

Quantity of infectious material to which personnel was exposed: _____

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 antibody status known (circle one): Yes No

Post Exposure Treatment

Recommended course of treatment:

Post Exposure Evaluation

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

Was a company safety policy violated? Explain:

What corrective measures have been taken?

New Policy Recommendations

Other Comments:

Any additional information, please adhere to this document

Medical records must be kept confidential and maintained for the duration of employment plus 30 years.