



## Exposure Incident Report Form (Confidential)

Risk Management  
Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P (907) 746-9213 || F (907) 761-4091

Employee Name	<input type="text"/>	Exposure Date	<input type="text"/>	Exposure Time	<input type="text"/>
Employee's Job Title	<input type="text"/>		Work Location	<input type="text"/>	
Employee ID Number	<input type="text"/>	SSN	<input type="text"/>	Phone Number	<input type="text"/>
Home Address	<input type="text"/>				

### Exposure Information:

Type of Exposure Incident (needle stick, bite, etc.)

Please explain the blood or potentially infectious materials to which you were exposed.

What part(s) of your body was (were) exposed? Please be specific.

What was the source of the exposure? (choose one)

How and where did the exposure occur? Please be specific about what you were doing at the time.

Did you decontaminate yourself after the exposure? How?

What Personal Protective Equipment were you using at the time of the exposure? Please be specific: type of gloves, goggles, etc.

Have you sought medical attention from our school nurse or other medical professionals?  Yes  No

If so, please give the name and date of the professional or clinic visited.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date