

## INCIDENT REPORT

### ACCIDENTAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS

Date of incident: \_\_\_\_\_

#### Client Information

Name: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

#### Worker Information

Name: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

#### Circumstance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Advise client and worker to consult with a physician.**

**Maintain this record on site for a period of one year and for a total of five years.**