

# Accidental Exposure to Blood/Body Substances Recording Form

|                       |  |
|-----------------------|--|
| <b>Business Name:</b> |  |
| <b>Full Address:</b>  |  |
| <b>Phone Number:</b>  |  |

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| <b>Date of Incident:</b>              |  |  |  |
| <b>Details of person exposed</b>      |  | <b>Details of employee involved in exposure</b>  |  |
| Full Name                             |  | Full Name  |  |
| Address                               |  | Address  |  |
| Phone number                          |  | Phone number                                     |  |
| <b>Details of accidental exposure</b> |  | <b>Action Taken</b>                              |  |
| Service type                          |  | Follow-up action on client/ employee             |  |
| Location on body                      |  |  |  |
| How exposure occurred                 |  | Follow-up action taken with instruments involved |  |

|                                       |  |  |  |
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