

**TUCSON UNIFIED SCHOOL DISTRICT  
EXPOSURE INCIDENT INVESTIGATION FORM**

(To Be Completed By Employee's Supervisor)

(Exposure incident is defined as unprotected contact with blood and/or other potentially infectious materials through skin cuts, the eyes, mouth, etc., by punctures, human bites, and abrasions.)

EMP. NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

SITE or DEPARTMENT: \_\_\_\_\_ WORK PHONE NO: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

DATE AND TIME REPORTED TO SUPERVISOR: \_\_\_\_\_

DATE AND TIME REPORTED TO EXPOSURE CONTROL OFFICER: \_\_\_\_\_

DATE AND TIME WHEN EMPLOYEE CALLED THE CALL CENTER AND REPORT THE INCIDENT  
(1-877-435-0050): \_\_\_\_\_

POTENTIALLY INFECTIOUS MATERIALS INVOLVED: (Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.)

TYPE OF BODY FLUID: \_\_\_\_\_

SOURCE INDIVIDUAL'S NAME: \_\_\_\_\_

CIRCUMSTANCES (Work being performed, witnesses, etc.):

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HOW INCIDENT WAS CAUSED (accident equipment malfunction, etc.):

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PERSONAL PROTECTIVE EQUIPMENT BEING USED (gloves, goggles, mask, etc.):

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ACTIONS TAKEN (decontamination, clean-up, reporting, etc.):

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RECOMMENDATIONS FOR AVOIDING REPETITION:

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SIGNATURE OF SUPERVISOR (Exposure Control Officer)

DATE

Send original copy to Workers' Compensation Office; retain one copy for your site