Portland State UNIVERSITY

BBP POST-EXPOSURE INCIDENT FORM

In the event of an exposure incident, a *SAIF 801* form for Worker's Compensation must be completed and submitted to Human Resources. The information provided below is intended to assist in evaluating the control methods used and to prevent future employee exposures. The evaluation of "circumstances surrounding exposure incidents" is required under Oregon OSHA. (To be maintained in a **confidential** file)

*Name of person*_____ *Department*_____

*Location/Work area*_____

*Incident date*_____ *Time*_____

Incident: Mark in each column, as appropriate

Incident:	*Injury Type:*	*Body Part Injured:*
☐ Cut:	☐ Abrasion	☐ Finger
☐ Exposure:	☐ Laceration	☐ Hand
☐ Bodily fluids	☐ Puncture	☐ Arm
☐ Infectious material	☐ Mucous membrane	☐ Eye
☐ Other:	☐ Other:	☐ Other:

Description of incident (include type and brand of device used, when applicable)*:*

_____

_____

_____

_____

Protective equipment used:

☐ Gloves	☐ Surgical mask	☐ Lab coat
☐ Goggles	☐ N95 ◯ Surgical ◯ Non-Surgical	☐ Gown
☐ Face shield	☐ Protective sleeves	☐ Other:

Seen by:

☐ Kaiser Permanente	☐ No medical treatment
☐ OHSU	☐ Other:

What changes need to be made to prevent reoccurrence? (Change in procedures, safer medical device, etc.)

_____

_____

_____

_____

Report prepared by:_____ Date:_____

Position:_____