



Orange County Emergency Services Exposure Control Policy



Report of Occupational Exposure

Employee Name: _____

Division / Department: _____

Job Title: _____ Supervisor: _____

Date of Exposure: ____/____/____ Time of Exposure: ____:____ am pm

Type of Exposure: Needlestick Splash Other (explain: _____)

Type of Fluid: _____ Amount of Fluid: _____

Severity (depth of injury): _____

Part of Body Exposed: _____

Location of Exposure (address of incident): _____

Please describe how / why the exposure occurred. Include job duties being performed at time of exposure, extent and duration of exposure:

Personal Protective Equipment Used: Gloves Face Mask Face / Eye Shield
 Goggles Gown Other (explain) _____

Date and Time Reported to Supervisor: ____/____/____ ____:____ am pm

Time Needle Stick Hotline Called: ____:____ am pm

Date and Time Reported to EC Officer: ____/____/____ ____:____ am pm

Preliminary Instructions to the Employee:

Date Employee Seen at UNC: ____/____/____ By: _____

Report Received By EC Officer: ____/____/____ Signed: _____