

# REPORT OF CONTACT WITH BIOHAZARDOUS MATERIALS

A harmful contact includes situations where an injury penetrates through intact skin (e.g. via a needle stick injury), or a mucous membrane (eyes, nose or mouth), or non-intact skin contact exposes a worker to blood or other potentially infectious material. Non-intact skin includes a healing wound less than 3 days old or acute dermatitis, or chapped or scraped skin.

NAME OF POTENTIALLY EXPOSED WORKER: \_\_\_\_\_

WHERE DID EXPOSURE OCCUR: \_\_\_\_\_

TELEPHONE # of EXPOSED WORKER: \_\_\_\_\_

Who attended to the hazardous condition to ensure others are not placed at risk:

\_\_\_\_\_

Directly after the exposure what was done to reduce risk and by whom:

\_\_\_\_\_

\_\_\_\_\_

Date of exposure: \_\_\_\_\_ Time of exposure: \_\_\_\_\_

Work Site: \_\_\_\_\_

Job Title: \_\_\_\_\_

Use the following space to describe EXACTLY what happened. Include all PPE the employee was wearing at the time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please use side 2 if more space is required)*

Was the incident reported to Supervisor? \_\_\_\_\_

Did the worker attend first aid? \_\_\_\_\_

Did the worker attend medical aid? \_\_\_\_\_

Do you know of any reason why anyone involved in this incident would object to being involved in an investigation into this exposure?

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Reported by: \_\_\_\_\_

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**SUPERVISOR'S REPORT:**

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(Attach Incident Investigation Report form, if required.)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date