

Incident Report Form
Percutaneous Injury / Bloodborne Pathogen and/or Body Fluid Exposure

Name: _____ Badge ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (Hm) _____ (cell) _____ Program/Year: _____

Date and Time of Incident: _____ Location of Incident: _____

Source Name: _____ Any pertinent high risk HX: _____

Person to contact at location _____ Phone number of contact _____

Witness of Incident (Name and Phone number): _____

Describe the incident:

Was any treatment rendered (example medications, suturing, etc):

Student Signature: _____ Date: _____

Faculty Name: _____
