

**UNANTICIPATED/ACCIDENTAL BODY FLUID
EXPOSURE LOG
FORM #7**

Name: _____ Supervisor: _____

School: _____ District: _____

Job Title: _____



Name of exposed: _____ Student/Staff (circle one)

Source Individual (if known) _____

Date of Incident: _____ Time of Incident: _____

Date Reported: _____ Time Reported: _____

Description of exposure (include route and circumstances): _____

Was MESD Nurse Consultant contacted? Yes ___ No ___

If so, name of person: _____

Recommendation: _____

Today's Date: _____ Time: _____

- Note: Incidents involving punctures with sharp instruments/devices will also be kept in a log at the MESD when the employee reports to the Nurse Consultant.
- Exposed employee: Complete this form and forward to your Supervisor within 24 hours of exposure.
- Supervisor: Forward this report to your district Safety Officer or Risk Management Department.