

**EUFULA PUBLIC SCHOOLS
BLOODBORNE PATHOGENS
EXPOSURE INCIDENT INVESTIGATION FORM**

Date: Time of Incident:

AM PM

School Site and Location of Exposure:

Potentially Infectious Materials Involved:

Type: Source:

Circumstances: (work being performed, etc):

How Incident was Caused: (accident, equipment malfunction, etc)

Personal Protective Equipment Used:

Actions Taken: (decontamination, clean-up, etc.)

Results:

Signature