

ACCIDENTAL EXPOSURE TO BLOOD/ BODY FLUIDS RECORDING FORM

This record must be kept by the owner/operator of the premises for 2 years in with the most recent 12 months onsite.

This recording form is to be used when clients and/or employees have been exposed to blood/body fluids as per S14 of *O. Reg. 136/18: PERSONAL SERVICE SETTINGS*

Business Name: _____

Address: _____

Phone Number: _____

DATE OF INCIDENT (M/D/Y)			TIME OF INCIDENT			AM PM
DETAILS OF PERSON EXPOSED:	Full name		Address		Phone #	
DETAILS OF ACCIDENTAL EXPOSURE:	Type of service being provided;		Location on body where exposure occurred;		How blood/body fluid exposure occurred	
DETAILS OF EMPLOYEE INVOLVED IN EXPOSURE:	Full name		Address		Phone #	
ACTION TAKEN:	Follow-up action taken on client		Follow-up action taken on employee		Follow-up action taken with instruments in-	