

Villanova University
Environmental Health & Safety Department

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ **Time of Incident:** _____

Location: _____

Person(s) Involved: _____

Potentially Infectious Materials Involved:

Type: _____ **Source:** _____

Circumstances (what was occurring at the time of the incident): _____

How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine, or equipment involved: _____

Personal protective equipment being used at the time of the incident: _____

Actions taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding repetition of incident: _____

Supervisor's Name/Signature: _____

Date Signed: _____