

**Appendix F**

**Birkam Health Center Exposure Incident Investigation Form**

Instructions:

This form will be utilized by the healthcare provider to document the patient's history.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Name of Exposed Employee: \_\_\_\_\_

Potentially Infectious Materials Involved: \_\_\_\_\_

Type: \_\_\_\_\_

Source: \_\_\_\_\_

1. How the incident was caused (accident, equipment malfunction, etc.)?

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2. Describe the exposed individual's duties as they relate to the potential exposure incident.

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3. List all the personal protective equipment being used at the time of the incident:

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4. Describe the actions taken following the potential exposure (decontamination, clean-up, reporting, etc.):

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5. List all the recommendations for avoiding repetition of the incident:

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Report filled out by: \_\_\_\_\_

Instructions for Ferris State University Use:

1. Original to be filed in patient's file at Birkam Health Center
2. Copy sent to SHERM