



## EXPOSURE INCIDENT REPORT

Send completed form to [risk.management@chaffey.edu](mailto:risk.management@chaffey.edu) within 24 hours of exposure incident.

Employee Name: \_\_\_\_\_ ID # \_\_\_\_\_

Employee Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Accident Location:  Rancho campus  Chino campus  Fontana campus  Off-Site  
(i.e. Simulation Lab, XYZ Dental Clinic, etc.)

Provide a description of exposed employee's duties as they relate to the exposure incident:  
(Attach additional pages if necessary.)

How did the incident occur? Provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred:  
(Attach additional pages if necessary.)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_