

Possible COVID-19 Exposure Report

Name of Person Involved: (Last, First, Middle Initial)	Title of Person Involved:
Name of Person Completing Form: (Last, First, Middle Initial)	Title of Person Completing Form:
Department:	Contact Phone Number(s):
Date and Time of Incident:	Witness: (Name and Phone No.)

Exposure Occurred:

- Occupational, Through a Patient: _____
- Occupational, Through a Colleague: _____
- Personal, Off-Duty: _____

Exposure Location-Site of incident: (Bldg. name, address, give location in reference to nearest building nearest street location, etc.)

Exposure Incident: (Describe fully the activity that the employee was involved with when the exposure occurred.)

Personal Protective Equipment (PPE) Used: (What protocol/procedures were being followed including all personal protective equipment being used, which was related to the exposure. Use additional sheets if necessary)

Corrective Actions: (What should be done or has been done to prevent recurrence of this incident? E.g. employee training, change of procedures, purchasing of equipment, personal protective equipment etc.)

Additional Information: