

Accidental Exposures to Blood and Body Fluids in Personal Service Settings

Name of facility: _____

This is a legal document. It must be kept by the operator in a secure location onsite for at least one year and readily available in a secure location for an additional two years.

Person exposed

Name: _____

Telephone number: _____

Address: _____

Personal service provider involved in exposure

Name: _____

Telephone number: _____

Accidental exposures log

Date of incident _____

(day/month/year): _____

Service provided _____

Part of the body exposed _____

Details of incident _____

Actions taken: _____

Person exposed

Name: _____

Telephone number: _____

Address: _____

Personal service provider involved in exposure

Name: _____

Telephone number: _____

Accidental exposures log

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