



Region of Waterloo
PUBLIC HEALTH

Business name: _____ _____ Business address: _____ _____

ACCIDENTAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS INCIDENT REPORT

Date of incident: _____ Time of incident: _____
(yyyy/mm/dd)

Client Information	Employee Information
Exposed to blood: Y or N Exposed to body fluids: Y or N Name: _____ Address: _____ _____ _____ Telephone number: _____	Exposed to blood: Y or N Exposed to body fluids: Y or N Name: _____ Address: _____ _____ _____ Telephone number: _____

Circumstances of exposure:

Action taken:

**Advise client and worker to seek medical attention.
Maintain this incident report record onsite for a period of one year and for a total of five years.**