

MESSIAH COLLEGE ATHLETIC TRAINING  
Blood Borne Pathogen Exposure Incident Report  
Blood and Body Fluid Contamination

Date/Yr/Time of Incident: \_\_\_\_\_

Individual (ATS) Involved/Exposed: \_\_\_\_\_

Employee Involved/Exposed: \_\_\_\_\_

Brief Summary of Incident/Exposure:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Route of Contamination (e.g. pinprick, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were proper precautions taken: \_\_\_\_\_  
If not, explain why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was incident due to equipment or procedure error? \_\_\_\_\_  
If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Individual (ATS) is involved/exposed, did they receive care/referral to the Engle Health Center? \_\_\_\_\_

Blood work drawn after incident:  
Employee: \_\_\_\_\_  
Individual (ATS): \_\_\_\_\_

Signature of Involved/Exposed Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Date/Yr E.I.R. filed in the record: \_\_\_\_\_

