

CITY AND COUNTY OF BROOMFIELD
EXPOSURE INCIDENT INVESTIGATION FORM (FORM NO. 1)

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Date of Incident:	Time of Incident:	AM/PM
Location:		
Employee(s) Affected:		
Potentially Infectious Materials Involved:		
Type:	Source:	
Circumstances (e.g., work being performed, etc.):		
How Incident Was Caused (e.g., accident, equipment malfunction, etc.):		
Personal Protective Equipment Being Used:		
Actions Taken (e.g., decontamination, clean-up, reporting, etc.):		
Recommendations for Avoiding Repetition:		
Reported by:		

CITY AND COUNTY OF BROOMFIELD
POST - EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST
(FORM NO. 2)
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The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:	
Employee:	Employee ID number:
ACTIVITY	COMPLETION DATE
Employee furnished with documentation regarding exposure incident.	
Source individual identified.	
Source individual.	
Source individual's blood tested and results given to exposed employee (or) Consent has not been obtained.	
Exposed employee's blood collected and tested.	
Appointment arranged for employee with City and County's designated medical provider.	
Appointment Date/Time	
Documentation forwarded to City and County's designated medical provider:	
• Bloodborne Pathogens Standard.	
• Description of exposed employee's duties.	
• Description of exposure incident, including routes of exposure.	
• Result of source individual's blood testing.	
• Employee's medical records.	