

Cutler-Orosi Joint Unified School District

First Aid Incident Report – Bloodborne Exposure

(To be completed if First Aid is rendered by an employee whose job is listed under Exposure Determination in the Bloodborne Exposure Control Plan and came in contact with blood or body fluids.)

Incident Location:	Date:	Time:		
Name(s) of Responder(s):	Bloodborne exposure – Was blood or body fluids in contact with employee?			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Incident Description (include description of the nature of the contact with blood or body fluid)
If sharp's is involved, a Sharps Injury Log form must be completed.

This form may be downloaded at <http://www.cojusd.org> from the Personnel Forms section.

- Attach additional pages as necessary.
- Make copies as needed.
- Send the original to the Personnel Office. Keep a copy in the site Bloodborne File.
- This form **MUST** be kept on file for five (5) years.