



**HSE-BF-003**  
**EXPOSURE INCIDENT**  
**INVESTIGATION FORM**

Date of Incident : \_\_\_\_\_ Time of Incident : \_\_\_\_\_

Location : \_\_\_\_\_

Potentially Infectious Materials Involved:

Type : \_\_\_\_\_ Source : \_\_\_\_\_

Circumstances : {Work being performed, etc.}

How Incident Was Caused: {Accident, equipment malfunction, etc.}

Personal Protective Equipment Used :

Actions Taken : {Decontamination, clean-up, reporting, etc.}

Recommendations for Avoiding Repetition:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)