EXPOSURE INCIDENT NOTES

E	xposure Control Officer
I	Call-Out Information
D	ate & Time of Call Out:
N	otified by DPSC Supervisor:
Sı	upervisor on Scene:
ΡI	hone # for Supervisor: Case #
Lo	ocation of Officer:
	itial Information:
	Source Information ource Name:
	OB: SSN:
	ocation of Source:
C	harges on the Source:
	juries to the Source:
	ospital ID # for Source:
	ny Medical Disclosure/Comment Made by Source:

III Officer's Information

Officer #1 Name:		EIN #	
Home Phone #:	Work #	Cell #	
Current Location of Office	er:		
Injuries of Officer:			
Officer #2 Name:		EIN #	
Home Phone #:	Work #	Cell #	
Current Location of Office	er:		
Injuries of Officer:			
Officer #3 Name:		EIN #	
Home Phone #:	Work #	Cell #	
Current Location of Office	er:		
Injuries of Officer:			
IV Summary of Facts &	Circumstances:		
D: 1	N. Bil		
Risk:	Non-Risk:		
Supervisor Advised: PD	188 First Injury	/ Report	

V Infectious Disease Physicians (IDP) notification Time of Call to IDP: _____ Time Contact Made: _____ Name of IDP Physician: Phone #1 _____ Phone #2 _____ SUDS Requested: Yes___ No____ Comments/Instructions from IDP: **VI Blood Draw Information** Location/Facility Where Blood Sample Taken Person Taking Sample _____ Time Blood Draw _____ SUDS Requested Yes __ No __ Result if know _____ Additional Notes Regarding Blood Sample: ______ VII Refusal Notes Supervisor on Scene VA Code Section Read to Source: Yes __ No __ Time of Refusal: ______ Additional Notes Regarding Refusal: ___________________

VII Court Order Information

Court Order Reque	ested: Yes No		
Issuing Judge:			
Date/Time Order S	ecured:	Location:	
Date/Time Order S	erved:	Location:	
Distribution of Cop	ies: (check when comp	leted)	
	Copy to Nurse/Staff		
	Copy to Source		
	Copy to Medical Conf	rol Officer	
	Original Filed with Ge	neral District Court	
Additional Informat	ion:		