

# EXPOSURE INCIDENT NOTES

Exposure Control Officer \_\_\_\_\_

## I Call-Out Information

Date & Time of Call Out: \_\_\_\_\_

Notified by DPSC Supervisor: \_\_\_\_\_

Supervisor on Scene: \_\_\_\_\_

Phone # for Supervisor: \_\_\_\_\_ Case # \_\_\_\_\_

Location of Officer: \_\_\_\_\_

Initial Information: \_\_\_\_\_

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## II Source Information

Source Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Location of Source: \_\_\_\_\_

Charges on the Source: \_\_\_\_\_

Injuries to the Source: \_\_\_\_\_

Hospital ID # for Source: \_\_\_\_\_

Any Medical Disclosure/Comment Made by Source: \_\_\_\_\_

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**III Officer's Information**

Officer #1 Name: \_\_\_\_\_ EIN # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Current Location of Officer: \_\_\_\_\_

Injuries of Officer: \_\_\_\_\_

\_\_\_\_\_

Officer #2 Name: \_\_\_\_\_ EIN # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Current Location of Officer: \_\_\_\_\_

Injuries of Officer: \_\_\_\_\_

\_\_\_\_\_

Officer #3 Name: \_\_\_\_\_ EIN # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Current Location of Officer: \_\_\_\_\_

Injuries of Officer: \_\_\_\_\_

\_\_\_\_\_

**IV Summary of Facts & Circumstances: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Risk: \_\_\_\_\_ Non-Risk: \_\_\_\_\_

Supervisor Advised: PD188 \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

