

**Town of Tiburon**  
**INCIDENT REPORT FOR BLOOD OR FECAL BORNE PATHOGENS**

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

Date Incident Reported: \_\_\_\_\_ Time: \_\_\_\_\_

Describe the first-aid or exposure incident:

Was there human blood, feces, or other body fluids present?    Yes     No

Did an exposure incident occur?    Yes     No

*Cal/OSHA definition – An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of one’s duties.*

If yes, please describe it.

Was PPE used?    Yes     No     What PPE was used?

Print name(s) of persons who provided first aid or were also exposed:

If there was an exposure incident as defined by Cal/OSHA, was the person(s) **immediately** referred for post-exposure evaluation and follow-up?    Yes     No

If unvaccinated, were they offered the hepatitis B vaccination?    Yes     No

Report taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_