

**ACCIDENTAL EXPOSURE TO BLOOD/ BODY FLUIDS RECORDING FORM**

This record must be kept by the owner/operator of the premises for 2 years in with the most recent 12 months onsite.

This recording form is to be used when clients and/or employees have been exposed to blood/body fluids as per S14 of *O. Reg. 136/18: PERSONAL SERVICE SETTINGS*

Business Name:

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Address:

Phone Number:

DATE OF INCIDENT (M/D/Y)			TIME OF INCIDENT			AM  PM
<b>DETAILS OF PERSON EXPOSED:</b>	Full name		Address		Phone #	
<b>DETAILS OF ACCIDENTAL EXPOSURE:</b>	Type of service being provided		Location on body where exposure occurred		How blood/body fluid exposure occurred	
<b>DETAILS OF EMPLOYEE INVOLVED IN EXPOSURE:</b>	Full name		Address		Phone #	
<b>ACTION TAKEN:</b>	Follow-up action taken on client		Follow-up action taken on employee		Follow-up action taken with instruments	