

LAKE TAHOE COMMUNITY COLLEGE DISTRICT

INCIDENT / HAZARD / EXPOSURE REPORT

(CHECK ALL THAT APPLY)

INCIDENT

HAZARDOUS CONDITION

BLOOD-BORNE PATHOGENS EXPOSURE

REPORTED BY: _____ DATE REPORTED: _____
Name: Employee Student Visitor Other

PERSON(S) INVOLVED: _____
 Employee Student Visitor Other

EMAIL ADDRESS: _____ TELEPHONE: _____

TYPE OF INCIDENT: _____
(Examples: Bodily Injury, Vandalism, Theft, Break-in, Vehicle Collision, Fire, Etc.)

WAS THERE EXPOSURE TO BLOOD OR OTHER BODILY FLUIDS: *Yes/TYPE: _____ No
*IF YES, person(s) exposed MUST complete the Bloodborne Pathogen (BBP) Form (reverse side)

INCIDENT OCCURRED: Date: _____ Time: _____ Location: _____

CLASS Name/Number/Instructor: _____
(IF APPLICABLE)

SLT POLICE DEPARTMENT NOTIFIED: No 911 Yes Date: _____ Case#: _____
(Yes, PLEASE PROVIDE A COPY OF POLICE REPORT)

ESTIMATED DOLLAR LOSS: \$ _____

If employee workplace injury or illness, was Company Nurse (1-877-518-6702) notified/contacted? YES NO

DESCRIPTION OF CIRCUMSTANCES: Use the space below to describe the incident, accident, injury or illness and cause (if known), property damage, any first-aid administered, and/or action taken as a result of this incident. OR
 HAZARDOUS CONDITION TO REPORT (describe hazardous condition, location & attach relevant information).

(*Space for additional notes on reverse side)

WITNESSES (If applicable):
Name: _____ **Telephone Number:** _____

SIGNATURE (of reporter) _____ **DATE** _____

RETURN COMPLETED FORM TO ADMINISTRATIVE SERVICES IMMEDIATELY FOR APPROPRIATE ROUTING

Administrative Services/Human Resources Use Only

- | | |
|--|---|
| <input type="checkbox"/> Student Accident (Human Res.) _____ | <input type="checkbox"/> Incident File – VP/Administrative Services _____ |
| <input type="checkbox"/> Worker's Comp. (Human Res.) _____ | <input type="checkbox"/> Superintendent/President _____ |
| <input type="checkbox"/> Director of Human Resources _____ | <input type="checkbox"/> Dean: _____ |
| <input type="checkbox"/> Director of Facilities _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Employee Supervisor _____ | <input type="checkbox"/> Other: _____ |

REQUIRED ONLY IF EXPOSURE IS NOTED ON MAIN INCIDENT REPORT

BLOOD-BORNE PATHOGENS (BBP) EXPOSURE/FIRST AID INCIDENT REPORT

EXPOSURE TO BLOOD-BORNE PATHOGENS REPORT OF CIRCUMSTANCES

Exposure Incident First Aid Incident
(CHECK ALL THAT APPLY)

1. Route of exposure: _____
(Examples: inhalation, ingestion, or contact skin and/or open wound)

2. Exposure Circumstances: _____
 - a) Employee's activity at time of exposure: _____

 - b) Cause of exposure: _____
 - c) Part of body contaminated: _____
 - d) Other employees exposed: _____
 - e) Blood or Other Potential Infectious Materials (i.e., bodily fluids, saliva, etc...) present?
Describe: _____

Individuals rendering first aid:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

****Please note additional/pertinent information here:***

****SEE HUMAN RESOURCES TO COMPLETE EMPLOYEE BLOOD-BORNE PATHOGENS (BBP) EXPOSURE DECLARATION FORM - REQUIRED****

IMMEDIATELY SUBMIT COMPLETED EXPOSURE FORMS TO HUMAN RESOURCES