

**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\***