

City Wide Exposure Report

City of Sunnyvale
Department of Human Resources
Risk Management Division

Very Important: Department of Public Safety, Consult DGOM 6.12 and Exposure Control Procedures for follow up information. All other City personnel must contact Risk Management Division at 730-7494 if exposure occurs. Report shall be filed within **24 hours** of exposure.

Name: _____ Employee # _____ DPS Case # _____

Current Assignment/Department/Division _____

Location of Exposure/Address _____ Date ___/___/___ Time: _____

Supervisor: _____ Phone: _____

Type of Exposure: (*Check Only One*)

- 1. Percutaneous contact with blood or body fluids (needle stick, human bite, exchange via cut on hand or body)
- 2. Mucous membrane contact with blood or body fluids (splash to eyes or mouth).
- 3. Any blood or body fluid contact with chapped, abraded or irritated skin.
- 4. Prolonged or extensive skin contact with blood or body fluids.
- 5. Respiratory exposure to airborne transmitted diseases. (In confined room for extended time period with active TB patient)
- 6. Physical contact with person known to have skin disease, lice, crabs or scabies.
- 7. Hazardous Materials Scene: ___ Solid ___ Liquid ___ Gas ___ Inhalation ___ Absorption ___ Ingestion
___ Other (specify) _____
- 8. Smoke Inhalation
- 9. Heat Stress/Illness: ___ Structure Fire ___ Vehicle Fire ___ Wildland Fire ___ Haz Mat ___ Work Project/Job Site
Time of Day _____ Temperature _____ Relative Humidity _____ Number of Hours on the Job _____

Details of the Exposure: Please Fill Out Completely

A: Suspected diseases, condition, substance or material: _____

B. Did you have hands on contact with the source (victim, Suspect, Object) ___ Yes ___ No

C. Describe **Duration** and **Extent** of exposure: _____

D. Personal Protection Used: ___ None ___ Safety Glasses ___ Gloves ___ Aprons ___ HEPA/N95/100 Mask
___ Dust/Mist Mask ___ SCBA ___ CPR Mask ___ Fire Turnouts ___ Gowns ___ Haz Mat Class A ___ Other

E. Post Exposure Disinfection: ___ Yes ___ No ___ Washed Hands 15 Minutes ___ Used Alcohol or Antimicrobial Hand wash/wipe and then washed hands 15 minutes.

F. Witnesses: _____

All Signatures are required with in 24 hours. Send to Risk and Insurance when completed.

Supervisor: _____ Date ___/___/___

Employee: _____ Date ___/___/___

Risk and Insurance/Exposure Control Officer _____ Date ___/___/___

Comments: _____