

Bloodborne Incident Form / Bloodborne Cleanup Report

Facilities Services

Report received by: Inspection _____ Call _____ Individual _____

Person Calling: _____ Room # _____ Building _____

Date: ___/___/___ Time: _____ (am) (pm)

Information received:

CLEANUP PROCEDURE

Supervisor in attendance of cleanup: _____

Employee(s) involved in cleanup: _____

Cleanup start TIME: _____ Cleanup end TIME: _____

Describe what was FOUND (initial inspection) including amount, location, type, etc.:

Describe in DETAIL how incident/cleanup was handled, supplies used, equipment used, disposal, and who did what:

Describe any accident(s) which occurred during the cleanup process:

Was an accident report made/filed: YES _____ NO _____