University of South Alabama
Pat Capps Covey College of Allied Health Professions
Evaluation of Circumstances Surrounding an Exposure Incident Form

Name: (student, employee)	Department:
Incident location: (facility name, address)	Incident date:
Procedure being performed:	
Description of device being used (including type/ brand):	
Work practices followed: (see ECP p.9.)	
PPE or clothing in use: (gloves, eye shields, etc.)	
Engineering controls in use: (see ECP p.9.)	
Suggested changes to prevent reoccurrence? (list procedural changes that will decrease risk)	
PEP verification: (explain any No responses on reverse of form) 1. Was an exposure risk determination performed? ☐ Yes ☐ No 2. Were baseline labs* drawn on exposed individual? ☐ ☐ 3. Was PEP offered by the training facility? ☐ ☐ *	
HBV vaccination status: Vaccine series completed? ☐ (yes) ☐ (no) *or* Titer confirmed ☐ (yes) ☐ (no)	
BBP/TB training confirmation: (date completed) BBP training date _____ TB training date _____	

Person completing form:

Printed name: _____ Title:_____

Signature: _____ Date: _____

Additional Comments:

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Form Routing:

Student/Employee: _____ Date Submitted: _____

Training Preceptor/Supervisor: _____ Date Received: _____ Sent: _____

Department Chairperson: _____Date Received: _____ Sent: _____

Biosafety Officer: _____ Date Received: _____ Sent: _____

Dean's Office: _____ Date Received: _____ Sent: _____

INSTRUCTIONS: Please return form to Department for filing in permanent student/employee record