

Chemical Exposure Form

Name of exposed individual: _____

Job Title/Position: _____

Department: _____

Date of exposure: _____ Time of exposure: _____

Location of incident: _____

Department: _____

Work Area: _____

Type of exposure (if Toxic) Chemical/substance involved: _____

Solid or liquid: _____

Estimated quantity of involved: _____

Was there a break in the skin or was substance injected into individual? _____

Witness: _____

Explain in detail what occurred including procedure being performed at the time of the injury:

What personal protective equipment was being used? _____

