

# Employee Exposure to Hazardous Substances Report

Instructions: This form must be completed as soon as possible following any suspected or confirmed exposure to hazardous chemical, biological, or physical agents. This document will be kept in the employee's medical/exposure file.

## 1. Employee Information

Full Name:  Employee ID:   
Job Title/Position:  Department:   
Supervisor Name:  Contact Phone:

## 2. Exposure Incident Details

Date of Exposure:  Time of Exposure:   
Specific Location/Room:   
Substance Name(s):   
CAS Number (if known):  State (Liquid/Gas/Solid/Dust):

## 3. Nature and Route of Exposure

Route of Entry (e.g., Inhalation, Skin, Eyes, Ingestion):   
Estimated Duration of Exposure (e.g., minutes, hours):   
Estimated Quantity/Concentration:   
Description of Incident (How did exposure occur?):

## 4. Protective Equipment and Controls

Personal Protective Equipment (PPE) worn at time of incident:   
Engineering Controls in use (e.g., fume hood, ventilation):

## 5. Symptoms and Medical Action

Symptoms experienced (if any):   
First Aid administered on-site:   
Medical attention sought? (Yes/No, specify facility):   
Treating Physician/Healthcare Provider Name:

## 6. Authorization and Signatures

By signing below, the parties acknowledge that the details of the reported exposure incident are accurate to the best of their knowledge.

Employee Printed Name:  Date:   
Employee Signature:

Supervisor Printed Name:  Date:

Supervisor Signature: