

BAKERSFIELD CITY SCHOOL DISTRICT  
Education Center - 1300 Baker Street  
Bakersfield, California 93305  
Personnel Services

**CONFIDENTIAL**

**BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT**

I. Name of Exposed Employee \_\_\_\_\_ SS# \_\_\_\_\_  
School/Work Site \_\_\_\_\_  
Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

II. Description of the circumstances under which the exposure incident took place. Include route of exposure (e.g. cut, splash to eyes/mucous membranes, broken skin, puncture, etc.) and job description as it relates to exposure:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was consent given by the exposed employee to test blood for HBV or HIV serological status? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes to HBV testing, and no to HIV, arrangements must be made to preserve the sample for 90 days.)  
Sample to be preserved at the following location \_\_\_\_\_

III. Is the source individual known? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, identify \_\_\_\_\_  
Has testing been previously conducted or is source individual already known to be infected with HBV or HIV?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Did the source individual give consent to determine Bloodborne Pathogen infectivity? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Result of testing \_\_\_\_\_  
Date the results of the source individual's testing were made available to the exposed employee \_\_\_\_\_

\_\_\_\_\_  
Principal/Department Head's Signature

\_\_\_\_\_  
Date

**(District attach medical treatment order)**

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Results of medical follow-up procedures regarding exposure incident, Hepatitis immunity, etc. (dates, brief explanation)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Maintain this confidential record for the duration of employment plus 30 years**