



Accidental Exposure to Blood/Body Substances Recording Form

This page is to be stored in a secure location and provided to the medical officer of health or public health inspector on request, as required by Ontario Regulation 136/18.

Business Name:	
Full Address:	
Phone Number:	

Date of Incident:		
Details of person exposed		Details of employee involved in exposure
Full Name:		Full Name:
Address:		Address:
Phone Number:		Phone Number:
Details of accidental exposure		Follow-up action taken
Service type:		Client/employee:
Location on body:		Instruments involved:
How exposure occurred:		
Employee Signature	Print Name	Date

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Full Name:		Full Name:
Address:		Address:
Phone Number:		Phone Number:
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