

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
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

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Lead at the North Bay Parry Sound District Health Unit, 345 Oak Street West, North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at privacy@healthunit.ca."