

City Of Philadelphia – Risk Management Division  
Report Process & Instructional Sheet  
For The  
**Hazardous Material Exposure Incident Report**

- I. Introduction-** This document outlines the process to effectively and efficiently fill out the Hazardous Material Exposure Incident Report. Properly filling out the Hazardous Material Exposure Incident Report form will assist in proper documentation, evaluation of incident findings, and the ability to make recommendations that will lessen the risk for similar types of incidents to occur in the future.
- II. Report Process-** The Hazardous Material Exposure Incident Report needs to be completed any time an employee has an exposure to a hazardous substance or chemical as a result of a spill or chemical release, which may affect the employee's health. The supervisor of the exposed employee should complete the report with the employee present to interview and gather details of the event. The report is then sent to the departmental safety officer for their review and comments. The department should then keep the completed original on file and send a copy of the report to the Risk Management Division's Safety and Loss Prevention Unit at the One Parkway Building, 1515 Arch St., 14<sup>th</sup> floor.

**III. Instructions:**

**Personal Details-** This section of the report details pertinent information for the employee who was exposed.

**Incident Details-** This section of the report provides details of the event or exposure that occurred.

1. Describe location of incident:
  - Give the Building name, room number, street address, or field worksite.
2. Names and contact details of any witnesses:
  - Positions, titles, phone #, e-mails, department.
3. Describe how the incident occurred and any contributing factors:
  - Give a detailed description of the events that led to the incident occurring.
  - Describe the environmental conditions (weather, area terrain, etc.) on the date of the incident.
4. Were controls in place to reduce Hazardous Material Exposure?
  - **Engineering Controls:** Ventilation controls, Process Safeguards, Interlock Mechanisms, etc.

- **Administrative Controls:** Safe Work Procedures, Training, Department Policies, Hazard Assessments, and Process Reviews.
  - **PPE (Personal Protective Equipment):** Respirators, Gloves, Safety Glasses, etc.
5. What was the extent of the contaminated area?
- How large was the spill?
  - How many square feet of area did the spill cover?
  - Was there cross contamination with other areas

**Exposure Details** – This section of the report itemizes the details of the exposure.

A. Exposure Route

- **Ingestion:** If an exposure entered the body through the mouth.
- **Inhalation:** If an exposure entered the body through the respiratory system.
- **Injection:** If an exposure entered the body through a puncture or foreign body insertion.
- **Absorption:** If an exposure entered the body through infusion through the skin.

B. Parts of the body exposed

- This section details what body parts of the affected employee were exposed.

**Note: if any other part of the body has been exposed but not listed, please describe in the “other” section.**

C. Was medical treatment required?

- Describe the details of the medical treatment that was administered. (Treating physician, type and extent of treatment given, etc.)

D. Has a COPA II (employee injury report) been completed?

- Check the box yes or no if a COPA II report has been completed.

E. Hazardous material(s) possibly exposed to (list material)

- List the materials that the affected employee was exposed to.

**Note: attach a copy of the MSDS (Material Safety Data Sheet) to this report if applicable.**

F. Have you ever had any previous exposure to the above-mentioned materials at another employer?

- Detail the circumstances if the employee that was exposed was ever exposed to this product through another employee.

Note: If yes, explain what job function or task exposed the employee to that particular product.

G. Have you ever had an exposure related medical exam for the above-mentioned materials?

- Detail if the employee was ever examined medically for the same product or material?

H. Personal Protective Equipment (PPE)

- Specify the type of Personal Protective Equipment that was being worn by the employee when he/she was exposed
  - A. Gloves: Latex, Neoprene, Nitrile, or Other
  - B. Protective Clothing: Coveralls, Chemical suit, Footwear, Eye/Face/head protection, or Other
  - C. Respirator Type: Disposable Respirator, Half Face, Full Face, SCBA (Self Contained Breathing Apparatus), and PAPR (Powered Air Purifying Respirator)
  - D. Respirator filter efficiency or cartridge type: Specify the cartridge type (Chemical, particulate, etc.) and the respirator efficiency (100 [99.9%] efficiency, 99% efficiency, 95 % efficiency, etc.)

**Completed by**

- Have the person completing the form fill out this section by printing their name, signing, and dating the form.

**Supervisor Name**

- The supervisor must review for the form for accuracy and then print their name, sign, and date the form.

**Review by Department Safety Officer**

- This section of the form is where the Departmental Safety Officer reviews the form for detail, completeness, and clarity before it is sent to the Safety and Loss Prevention Unit of Risk Management. This section of the form also gives the Departmental Safety Officer the opportunity to document his/her comments about the contents of the form.

**Review by Safety and Loss prevention Unit of Risk Management**

- The Safety and Loss Prevention Unit of Risk Management will complete this section of the form per their review of the Hazardous Material Exposure Incident Report.