Note: Please complete this form entirely and accurately. If you have any questions please contact the Safety and Loss Prevention Unit of Risk Management at 215-683-1704.

### Personal Details

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
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<tr>
<th>Payroll/Badge ID#:</th>
<th>Phone (w):</th>
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<tr>
<th>Department:</th>
<th>Unit/Division:</th>
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<tr>
<th>Job Title:</th>
<th>Gender:</th>
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<tbody>
<tr>
<td></td>
<td>□ Male  □ Female</td>
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</tbody>
</table>

### Incident Details

Date incident occurred: \_ / \_ / Time of incident: \_ am/pm

Date incident reported: \_ / \_ / To whom was the incident first reported:

Describe location of incident as follows: building name, room number, street address or fieldwork site

Names and contact details of any witnesses:

Describe how the incident occurred and any contributing factors:

Were controls in place to reduce Hazardous Material exposure? (ex. ventilation, procedures, PPE, etc.)

What was the extent of the contaminated area?

Attach additional sheets for more information if needed; include sketches and photographs.
**Exposure details**

### A. Exposure Route

- □ Ingestion  □ Inhalation  □ Injection  □ Contact/Absorption

### B. Part(s) of body exposed (Circle Left (L) and/or Right (R))

- □ arm  L/R
- □ back torso  □ front torso
- □ eye  L/R  □ face  □ foot  L/R
- □ respiratory system  □ head  □ leg  L/R  □ mouth  □ neck  □ hand  L/R
- □ Other: ____________________________________________

### C. Was Medical Treatment required?

- □ Yes  □ No  (If Yes) By whom and what type__________________________________________________

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

- □ Yes  □ No

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

- ____________________________________________

### F. Have you ever had any previous exposure to the above-mentioned material(s) at another employer?

- □ Yes  □ No  (If Yes) Name the employer and the job__________________________________________________

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

- □ Yes  □ No  (If Yes) When was the most recent? _____________

### H. Personal Protective Equipment used (Check all that apply)

- **Glove type:** □ latex  □ Neoprene  □ Nitrile  □ Other:

- **Protective Clothing:** □ Coverall and/or chemical suit (What Type?)

- □ Footwear (What Type?)____________________ □ Eye/face/head protection (What Type?)________

- □ Other__________________________________________

- **Respirator type:** □ Disposable Resp.  □ Half Face  □ Full Face  □ SCBA  □ PAPR

- **Respirator filter efficiency or cartridge type:**

---

**Completed by:** Name: __________________________  Signature: __________________________  Date: __________________________

**Reviewed by Supervisor**

- Name: __________________________  Signature: __________________________  Date: __________________________

**Review by Department Safety Officer**

- Name: __________________________  Signature: __________________________  Date: __________________________

**Comments:**

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**Review by Safety and Loss Prevention Unit of Risk Management.**

(This section is to be completed by the Safety and Loss Prevention Unit of Risk Management)

**Findings:**

**Exposure Assessment:**

**Recommendations:**