

Chemical Exposure Form

Name of exposed individual: _____

Job Title/Position: _____

Department: _____

Date of exposure: _____ Time of exposure: _____

Location of incident: _____

Department: _____

Work Area: _____

Type of exposure (i.e., dermal, inhalation, injection, ingestion, eyes): _____

Location (i.e. left hand, index finger; right side of face near cheek):

Chemical/substance involved: _____

Solid or liquid: _____

Estimated quantity of involved: _____

Was there a break in the skin or was substance injected into individual? _____

Witness: _____

Explain in detail what occurred including procedure being performed at the time of the injury:

What personal protective equipment was being used? _____

What first aid was performed? _____

By whom: _____

Comments on the exposure incident (e.g. additional relevant factors involved):

Date of report: _____

Report Prepared by: _____
(Please print)

Complete form;

1. Attach copy of SDS; send a copy with patient to healthcare provider, if applicable
2. Send original form to Environmental Health & Safety: ehsdept@odu.edu