First Report of Chemical Exposure Form

Name of exposed individual: ____________________________________________

Job Title/Position: _____________________________________________________

Department: __________________________________________________________

Phone number: Home __________________ Work __________________________

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; attach copy of SDS; send a copy with patient to healthcare provider, if applicable; send original form to Environmental Health & Safety.