



Environmental Health & Safety

(657) 278-7233/ Fax (657) 278-8240
<http://ehs.fullerton.edu>

EXPOSURE INCIDENT REPORT FORM

Employee's Name: _____ SS# _____ - _____ - _____
First Last

Department: _____ Extension: _____

Position Title: _____ Supervisor's Name: _____

Date of Accident: _____ Accident Location: _____

Provide a description of exposed employee's duties as they relate to the exposure incident:

How did the accident occur? Please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred:

EMPLOYEE SIGNATURE

DATE