

ADDENDUM TO ICA REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS

Name

Last _____ First _____ M.I. _____ Social Security No. _____

Birth Date _____

1. _____ Phone No. _____

2. Address _____ City _____ State _____ Zip _____

3. Employer's or Firm's Full Name _____
Phone No. _____

4. Employer's or Firm's Address _____

5. Date of Exposure _____ Time of Exposure _____ A.M. _____ P.M. _____

6. Address or Location of Exposure _____

7. Job Title _____

In addition to the Industrial Commission's Report of Significant Work Exposure to Bodily Fluids, supervisors shall ensure that any exposed employee(s) also answer the four (4) OSHA required questions listed below and submit them with the ICA Report.

1. List and describe all personal protective equipment the employee was wearing at the time of exposure. If none, so state.

2. List and evaluate all engineering controls and work practices that were in place at the time of the incident (e.g., used sharps containers readily accessible.).

3. Could the incident/exposure have been avoided? If so, how?

4. Are there any changes recommended to avoid similar future incidents?

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE: _____ DATE _____

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA
FOR CARRIER USE

EMPLOYER: KEEP WHITE EMPLOYEE: KEEP PINK COPY
INSURANCE ADMINISTRATOR: YELLOW COPY