CAL STATE FULLERTON

Office of Environmental Health and Instructional Safety
(714) 278-7233/ Fax (714) 278-4533
URL <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:

_____

_____

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_____

_____

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

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_____ _____

EMPLOYEE SIGNATURE DATE