**BLOODBORNE PATHOGEN POST-EXPOSURE CHECKLIST**

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

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| **ACTIVITY** | **COMPLETION DATE** |
| Employee was furnished with documentation regarding exposure incident. |  |
| Source individuals identified:  (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Source individual's blood tested and results given to employee.**\*\*\*** |  |
| Exposed employee's blood collected and tested. |  |
| Appointment arranged for employee with Physician:  (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| All documentation has been forwarded to Physician:  Bloodborne Pathogen Standard  Description of employee's duties  Description of exposure incident, including routes of exposure.  Results of source individuals blood testing.  Employee's medical records. |  |
| **\*\*\*** If consent has not been obtained, check here and explain:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |