EXPOSURE INCIDENT FORM

Date: ___/___/___  Time: _______ a.m./p.m.
Location: ___________________________________

Name(s) of person(s) involved:
____________________________________________________________________________
____________________________________________________________________________

Location Description:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The chemical(s) under suspicion: _________________________________________________

MSDSs available? _____________________________________________________________

Other chemicals used by the individual(s):
____________________________________________________________________________
____________________________________________________________________________

Other chemicals stored/used in that area:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Symptoms exhibited or claimed by the exposed individual(s):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
EXPOSURE EVALUATION FORM

Were control measures, such as fume hoods and personal protective equipment, used (list)? If so, were they used properly?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Were any air sampling or monitoring devices in place (before, during, after)? If so, are their measurements consistent with exposure limits?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________