

**Exposure Incident Report Form**

Employee Name: \_\_\_\_\_ CSUN ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Email: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Accident Location: \_\_\_\_\_

---

Provide a description of exposed employee's duties as they relate to the exposure incident:  
(Attach additional information, if necessary)

---

How did the accident occur? Please provide an explanation of the route(s) of exposure and the circumstances under which the exposure incident occurred: (Attach additional information, if necessary)

Employee Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_