



CITY OF PITTSBURGH  
 REPORT OF POSSIBLE  
 INFECTIOUS DISEASE EXPOSURE

A potential exposure to infectious disease (including a needlestick or cut from a bloody sharp object, a specific eye, mouth, other mucous membrane, or open skin contact with blood or other potentially infectious materials) that occurs during the performance of an employee's duties shall be reported immediately to **1-800-633-1197**

**PLEASE PRINT/TYPE**

INCIDENT/CCR NUMBER: \_\_\_\_\_ ADDRESS OF INCIDENT (STREET ADDRESS): \_\_\_\_\_

DEPARTMENT: _____	UNIT/DIVISION: _____
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EMPLOYEE NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SOURCE PATIENT'S NAME AND/ OR SOURCE OF EXPOSURE	D.O.B	SEX:
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HOSPITAL (IF TRANSPORTED): \_\_\_\_\_ DATE OF POTENTIAL EXPOSURE: \_\_\_\_\_

NAME OF INFECTIOUS MATERIAL (IF KNOWN): (Include type of body fluid and/or suspected disease (if known))

DESCRIPTION OF INCIDENT: (Include route(s) of entry and circumstances of potential exposure):

OTHERS INVOLVED IN INCIDENT		
Name of Individual/ Responders:	Nature of involvement:	Phone:
1)		
2)		
3)		
4)		

EMPLOYEE SIGNATURE: _____	DATE: _____
SUPERVISOR SIGNATURE: _____	DATE: _____
REPORT SUBMITTED BY: _____	DATE: _____

\*\* A copy of this document must go to the Department of Human Resources & Civil Service –Office of Risk Management