CITY OF PITTSBURGH

REPORT OF POSSIBLE INFECTIOUS DISEASE EXPOSURE

A potential exposure to infectious disease (including a needstick 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:
EMPLOYEE NAME: OCCUPATION: D.O.B.: SEX:	ADDRESS: PHONE Home: Work:

SUBJECT'S NAME AND/OR SOURCE OF EXPOSURE-	AGE:	SEX:

HOSPITAL (IF TRANSPORTED): DATE OF POTENTIAL EXPOSURE:

NAME OF POTENTIAL EXPOSURE (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):

INDIVIDUALS INVOLVED IN INCIDENT

Name:	Nature of involvement:	Phone:
1)		
2)		
3)		
4)		

EMPLOYEE SIGNATURE: DATE:

SUPERVISOR SIGNATURE: DATE:

REPORT SUBMITTED BY: DATE:

Original Form is to be sent to the Assistant Chief of Administration,
a copy must go to 1) Dept. of Personnel and Civil Service-Employee Compensation and 2) Employee