

**Business Name:** 

## Haliburton, Kawartha, Pine Ridge District Health Unit

Environmental Health Department 200 Rose Glen Road

Port Hope, ON L1A 3V6

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## ACCIDENTAL EXPOSURE TO BLOOD/ BODY FLUIDS RECORDING FORM

This record must be kept by the owner/operator of the premises for 2 years in with the most recent 12 months onsite.

This recording form is to be used when clients and/or employees have been exposed to blood/body fluids as per S14 of O. Reg. 136/18: PERSONAL SERVICE SETTINGS

Address:				Phone Number:		
DATE OF INCIDENT (M/D/Y)			TIME OF			AM PM
DETAILS OF PERSON EXPOSED:	Full name		Address		Phone #	
DETAILS OF ACCI- DENTAL EXPOSURE:	Type of service being provided;		Location on body where exposure occurred;		How blood/body fluid exposure occurred	
DETAILS OF EMPLOYEE INVOLVED IN EXPO- SURE:	Full name		Address		Phone #	
ACTION TAKEN:	Follow-up action taken on client		Follow-up action taken on employee		Follow-up action tak- en with instru- ments in-	