## Accidental Exposures to Blood and Body Fluids in Personal Service Settings

Name of facility:	<u> </u>
This is a legal document. It must be kept by the operator in a secure location ons	ite for at least one year and readily available in a secure location for an additional two year
Person exposed	Person exposed
Name:	Name:
Telephone number:	Telephone number:
Address:	Address:
Personal service provider involved in exposure	Personal service provider involved in exposure
Name:	Name:
Telephone number:	Telephone number:
Accidental exposures log	Accidental exposures log
Date of incident	Date of incident
(day/month/year):	(day/month/year):
Service provided	Service provided
Part of the body exposed	Part of the body exposed
Details of incident	Details of incident
Actions taken:	Actions taken:

