

**Oklahoma City Community College
Hazardous Substance Employee Exposure Report
Complete form and send original to: Director of Benefits, Department of Human Resources
Send copy of completed form to: Risk Management Coordinator
Please Print or Type**

Last Name: _____ First Name: _____ Middle Initial: _____

Department: _____ Title: _____ OCCC ID: _____

Date/Time of Exposure: _____ Duration of Exposure: _____

Location of Exposure (Building & Room No.): _____

Chemical Name(s): _____ Chemical Abstract No.: _____

Trade and/or Common Name(s) of Chemical(s): _____

Type of Exposure (e.g. inhalation, ingestion, contact) If contact, what body part was exposed? _____

How did exposure occur? (Use additional sheet if necessary): _____

Was personal protection equipment available? _____ Yes _____ No

Was personal protection equipment used? _____ Yes _____ No

If personal protection equipment used, what type(s)? _____

Was prior training/instructions given to employee prior to exposure? _____ Yes _____ No

Were any symptoms present at time of exposure? _____ Yes _____ No

If so, describe (attach physician's report, if applicable): _____

Severity of Exposure: First Aid _____ Medical Treatment _____ Unknown _____

Describe: _____

Lost time from work? _____ Yes _____ No Estimate of lost time: _____

Were other employees exposed? _____ Yes _____ No

If so, list names and OCCC ID No. (Use additional sheet if necessary): _____

List suggestions to prevent reoccurrence: _____

Exposed Employee Signature Date

Supervisor Signature Date

FILE REPORT WITHIN 24 HOURS OF NOTIFICATION

The statements and facts in this form shall not constitute nor be construed to constitute any admission or evidence of liability