

Attachment "B"
Oklahoma City Community College
Hazardous Substance Employee Exposure Report

Complete form and send original to: Carolyn Rouillard, Sr. HR Specialist
Send copy of completed form to the Office of Risk Management/Environmental Health & Safety
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 and Room Number): _____

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

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 recurrence: _____

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.