



Westchester County Department of Correction
Body Fluid Exposure Incident Form



Employee Name: _____ Employee ID #: _____

Date of incident: _____ Time of incident: _____ Location of incident: _____

Date incident reported: _____

Details of incident: (check if continued on page 2 ☐)

Was a Department Special Report Written? ☐ Yes ☐ No

Reason for concern:

☐ Contact with body fluids (Specify): _____

☐ Clothes soaked with blood or other body fluid (Specify): _____

☐ Stuck with needle or other sharp object (Specify): _____

☐ Location of puncture: _____

Have you received the Hepatitis B vaccine? ☐ Yes ☐ No If yes, date of third vaccination: _____

Were you wearing Protective Equipment? ☐ Yes ☐ No

If yes, what type was utilized? _____

If no protective equipment was utilized, why not?

If gloves were worn, were there any rips or tears? ☐ Yes ☐ No

The following forms must accompany this document:

**Special Report – Preliminary Employee injury Investigative Report –
Employee Notice of Claim – Medical Insurance Claim Form**

Received by:

Sector Supervisor _____ Date: _____

Shift Commander _____ Date: _____

Assistant Warden _____ Date: _____

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