**First Report of Chemical Exposure Form**

Name of exposed individual:

Job Title/Position:

Department:

Phone number: Home Work

Date of exposure: Time of exposure:

Location of incident:

 Department:

 Work Area:

Type of exposure (i.e., dermal, inhalation, injection, ingestion, eyes):

 Location (i.e. left hand, index finger; right side of face near cheek):

Chemical/substance involved:

 Solid or liquid:

 Estimated quantity of involved:

Was there a break in the skin or was substance injected into individual?

Witness:

Explain in detail what occurred including procedure being performed at the time of the injury:

What personal protective equipment was being used?

What first aid was performed?

By whom:

Comments on the exposure incident (e.g. additional relevant factors involved):

Date of report:

Report Prepared by:

(Please print)

Complete form; attach copy of SDS; send a copy with patient to healthcare provider, if applicable; send original form to Environmental Health & Safety.