

## Exposure/Injury Intake Form

### Research related/email to Ekapsali@med.miami.edu

Name of Employee: \_\_\_\_\_ Employee workday # \_\_\_\_\_

Department: \_\_\_\_\_ Today's date (m/d/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of PI/supervisor: \_\_\_\_\_

Phone number of PI/supervisor: \_\_\_\_\_

**Has the PI been informed of the incident:** \_\_\_\_\_

**Room and building** where incident occurred: \_\_\_\_\_

Date of incident (m/d/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Reported: (m/d/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Reported: \_\_\_\_\_

To whom did you report the initial incident? \_\_\_\_\_

**1. Job category:**

<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Medical student
<input type="checkbox"/> Nursing student	<input type="checkbox"/> Post doc	<input type="checkbox"/> Employee
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other, explain _____	

**2. Work area/duties:**

<input type="checkbox"/> Researcher	<input type="checkbox"/> DVR Employee	<input type="checkbox"/> Lab worker
<input type="checkbox"/> Animal care worker	<input type="checkbox"/> Other, explain _____	

**3. Nature of incident:**

<input type="checkbox"/> Needlestick	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Bite	<input type="checkbox"/> Splash
<input type="checkbox"/> Inhalation				
<input type="checkbox"/> Other, explain _____				

**4. Animal Related:**

What animal is involved (e.g., mouse, rat, pig etc.)? \_\_\_\_\_

If this a transgenic animal, give strain \_\_\_\_\_

The injury is the result of an animal bite

What kind of animal (mouse, rat, pig etc.)? \_\_\_\_\_

Is this a transgenic animal? \_\_\_\_\_

The injury is the result of a cut or scrape from an animal

- Superficial laceration

- Deep laceration

The injury is the result of an animal cage or other piece of equipment

Area of the body where the injury occurred: \_\_\_\_\_

**5. Needlestick related:**

The injury the result of a needle prick

The needle was used for:

- Human Blood and or Bodily fluids
- Animal tissue
- Mucosal tissues (from the eye, nose or mouth)
- A lesion, growth or sore from the animal
- Biological fluids from the animal were splashed in the face

**6. Biological Agent involved:**

- List the biological agent / genetic material \_\_\_\_\_
- Route(s) of possible exposure (e.g. inhalation, subcutaneous, etc.) \_\_\_\_\_
- What is the nature of the organism strain (strain name and history) \_\_\_\_\_
- Do you have information regarding drug-resistance/susceptibility profile \_\_\_\_\_
- Do you have any other information pertinent to treatment?: \_\_\_\_\_

**7. Chemical Agents involved:**

- List the chemical agent \_\_\_\_\_
- Route(s) of possible exposure (e.g. inhalation, subcutaneous, etc.) \_\_\_\_\_

**8. Radiological Hazards Involved:**

- List the radiological hazard \_\_\_\_\_
- Route(s) of possible exposure (e.g. inhalation, subcutaneous, etc.) \_\_\_\_\_

**9. First Aid:**

- There a delay between the exposure and the start of first aid treatment
- Time of delay (+/- 5 mins.): \_\_\_\_\_
- Contact with eyes: The eyes were flushed with water for at least 15 minutes
- A cut: It was flushed with water and disinfected for at least 15 minutes

**10. Describe how the Accident happened**

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Employee/student signature

\_\_\_\_\_  
Date