

ACCIDENTAL BLOOD AND BODY FLUID EXPOSURE RECORDING FORM

Facility Name/Location: _____

Date of Incident (dd/mm/yyyy)	Exposed Person <ul style="list-style-type: none"> • First and last name • Address • Phone number 	Details of the Accidental Exposure <ul style="list-style-type: none"> • Item involved with injury (e.g., scissors, nail file, etc.) • Site of injury on the body • Explanation of how the injury occurred 	Action Taken	Name of Staff Involved with Exposure <ul style="list-style-type: none"> • First and last name

Source: [Ontario Regulation 136/18: Personal Service Settings](#)

This record must be kept on-site for a minimum of one year and kept readily available in a secure location for 2 years after.
 For instructions on proper cleaning and disinfection, refer to [Cleaning and Disinfection in PSS](#) and [Instrument Disinfection Chart](#) on york.ca

Public Health
 1-877-464-9675
 TTY 1-866-512-6228
york.ca/BeSpaSafe
 Accidental Blood And Body Fluid Exposure Recording Form

