CITY AND COUNTY OF BROOMFIELD EXPOSURE INCIDENT INVESTIGATION FORM (FORM NO. 2) PAGE 1 OF 1

Date of Incident:	Time of Incident: AM/PM			
Location:				
Employee(s) Affected:				
Potentially Infectious Materials Involved:				
Type:	Source:			
Circumstances (e.g., work being performed, etc.):				
How Incident Was Caused (e.g., accident, equipment malfunction, etc.):				
Personal Protective Equipment Being Used:				
Actions Taken (e.g., decontamination, clean-up, reporting, etc.):				
Recommendations for Avoiding Repetition:				
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Reported by:				