

**CONFIDENTIAL**

**EHS AND HUMAN RESOURCES RECORDS ONLY**

**Needle Stick and/or Blood and Other Potentially Infectious Material (OPIM) Exposure**

Employee	Supervisor	Date/Time of Incident	Date/Time Reported

Incident Type (check):

- Needle Stick without Blood Exposure
- Needle Stick with Blood Exposure
- Needle Stick with OPIM Exposure
- Blood Exposure without Needle Stick
- OPIM Exposure without Needle Stick

Description of Exposure Incident:

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**FOR ANY BLOOD OR OPIM EXPOSURE**

**Employees:**

Complete First Report of Injury: <https://hr.wfu.edu/benefits/disability/>

Seek medical attention at WFU preferred treatment facility: <https://hr.wfu.edu/workers-compensation-preferred-facilities/>

**Students:**

Complete First Report of Student Injury

Seek medical attention at **WFU Student Health Services**

**Return this completed form to Environmental Health and Safety**