

TO: ADMINISTRATION

FROM:

DATE:

RE: NOTICE OF EXPOSURE INCIDENT

Attached please find a Notice of Exposure Incident Report. I ask that this form be placed in my Personnel Folder in order to preserve my rights under the NYS Workers Compensation System and other legal recourses in the event that I develop an occupational disease that may be attributed to the exposure(s) I experienced at my work location.

EXPOSURE INCIDENT REPORT

Name of Employee: _____

Home Address: _____

Date of Birth: _____

Date of Hire: _____

Gender:

Male

Female:

Job Title: _____

Dept. or Agency: _____

Work Location: _____

Home Phone: _____

(Include floors and room numbers)

Date of Exposure: _____

Name of Substance/ Hazard/ Object employee was exposed to:

What Happened? (Describe conditions at work or activities that led to the exposure)

Was a Health Care professional consulted?

Name/Address of Health Care professional:

Was treatment provided?

Where? Facility Name and Address
