Oklahoma State University
Hazardous Substance Employee Exposure Report

Last Name: _____ First Name: _____ Middle Initial : _____

Department: _____ Title: _____ CWID: _____

Date/Time of Exposure: _____ Duration of Exposure: _____

Location of Exposure (Bldg. & Room #): _____

Chemical Name(s): _____ Chemical Abstract # (CAS): _____

Trade and/or Common Name(s) of Chemical(s): _____

Type of Exposure (e.g. inhalation, ingestion, contact) (If contact, what body part was involved?)

_____

How did exposure occur? (Use additional sheet if necessary): _____

_____

Was personal protection equipment (PPE) available? Yes ☐ No ☐

Was personal protection equipment (PPE) used? Yes ☐ No ☐

If PPE was used, what type(s)? _____

What training/instructions was provided prior to exposure? _____

Were any symptoms present at time of exposure? Yes ☐ No ☐

If so, describe: _____

Severity of Exposure: First Aid ☐ Medical Treatment ☐ Unknown ☐

Describe: _____

(Attach Physician's Report, Employee Injury Report, Sharps Injury Log if applicable)

Lost time from work? Yes ☐ No ☐ Estimate of lost time: _____

Were other employees exposed? Yes ☐ No ☐

If so, list names & CWID (use additional sheet if needed): _____

List suggestions to prevent reoccurrence: _____

_____ _____
(exposed employee's signature) (today's date)

_____ _____
(supervisor's signature) (print/type name of supervisor)

Complete form and return to EHS, FILE REPORT WITHIN 24 HOURS OF NOTIFICATION
Report must be emailed to ohsp@okstate.edu

The statements and facts in this form shall not constitute nor be construed to constitute any admission or evidence of liability.