EMERGENCY SERVICES PROVIDER (ESP) OR PUBLIC SAFETY OFFICIAL (PSO) SIGNIFICANT EXPOSURE REPORT FORM

(to be completed by ESP/PSO at the time of the exposure --See Neb. Rev. Stat. Sections 71-507 to 71-513 for a description for use of this form)

Name:____ Work Phone:____________________________
Address:____ Home Phone:___________________________

Provider Agency: ____
Provider Address:____
City, State, Zip:____
Supervisor:____ Work Phone:____________________________
Responsible Person: _______________________________________ Work Phone:____________________________

Designated Physician: ______________________________________ Work Phone:____________________________
Address:____ Home Phone: __________________________

City, State, Zip:____ Other Phone: ___________________________

SOURCE OF EXPOSURE

Date of Incident:_______________ Time of Incident:____________am / pm Location: ____________________________
Reference Number to Incident (such as Dispatch Number, NARSIS Number, Investigation, Etc.):
____

Name of Source Patient or Individual: ___________________________ Age:_________ Sex: ❑ Male ❑ Female
Address:____ Home Phone:______________________________
City, State, Zip:____ Other Phone:______________________________
Other identification (e.g. operators permit number, vehicle license plates,
etc.):____

Receiving Facility of Source Patient or Individual (e.g., hospital, funeral establishment,
etc.,)_________________________ Address:____ City, State,
Zip:____ Phone: __________________________________

Patient's Attending Physician:__________________________________ Work Phone:_____________________________
Address: ____ Home Phone: ____________________________
City, State, Zip:____

Known Infectious Disease: ____

Describe the Significant
Exposure:____
____
____

Describe any action taken in response to the exposure to remove the contamination (e.g. handwashing):
____
____

What Personal Protective Equipment and Procedures were you using at the time of the exposure (e.g., gloves, eye protection,
clothing):____
____

Any other information related to the
incident:____
____

List witnesses to the exposure:____

Signature____ **Date**___________________________________