North Lenoir Fire & Rescue

Station 1: 252-520-9250
Station 2: 252-523-1270
Station 3: 252-520-6710

P.O. Box 5042
Kinston, NC 28503

Fax: 252-523-8657

www.nlvfd.com

Infectious / Hazardous Material(s) Exposure Report Form

Personnel Name: _____ **Age:** _____ **DOB:** _____

Personnel ID #: _____ **Phone #:** _____

Transported To: _____ **Transported By:** _____

Date of Exposure: _____ **Time of Exposure:** _____

Type of Incident (Fire, MVC, Trauma….): _____

Incident #: _____ **(LC CAD)** **Incident Date:** _____

For Blood Born Pathogen Exposures:

Name of Carrier: _____ **Age:** _____ **DOB:** _____

Address: _____
(Physical Address)

_____ _____ _____
(City) *(State)* *(Zip)*

Suspected or Confirmed Disease: _____

Material Exposed To:

Blood: _____ **Tears:** _____ **Feces:** _____

Urine: _____ **Salvia:** _____ **Vomitus:** _____

Sputum: _____ **Sweat:** _____ **Other:** _____

What parts of the body became exposed? (Be Specific) _____

Did you have any open cuts, scrapes, or rashes that became exposed? _____

* If exposure is suspected or confirmed, member should report to Lenoir County Health Department during normal business hours (M-F 8a-9p). Phone: 526-4200. For exposures occurring outside of normal business hours, member should report to Lenoir Memorial Hospital Emergency Department. North Lenoir Fire Protection Workers Compensation Insurance shall be filed to cover evaluation and treatment costs for these cases.

North Lenoir Fire & Rescue

Station 1: 252-520-9250
Station 2: 252-523-1270
Station 3: 252-520-6710

P.O. Box 5042
Kinston, NC 28503

Fax: 252-523-8657

www.nlvfd.com

Infectious / Hazardous Material(s) Exposure Report Form

For Hazardous Material(s) / Chemical(s) Exposure:

Material Exposed To: _____

Placard #: _____ **Approximate Length of Exposure (Minutes):** _____

What parts of your body became exposed? (Be Specific): _____

Were appropriate PPE Devices in use at time of exposure? (Be Specific): _____

If Yes, List PPE Devices. (Be Specific): _____

How did the exposure occur? _____

Incident #: _____ **(LC CAD)** **Incident Date:** _____

* If exposure is suspected or confirmed, member should report to Lenoir County Health Department during normal business hours (M-F 8a-9p). Phone: 526-4200. For exposures occurring outside of normal business hours, member should report to Lenoir Memorial Hospital Emergency Department. North Lenoir Fire Protection Workers Compensation Insurance shall be filed to cover evaluation and treatment costs for these cases.

Did you seek Medical Attention: _____ **If so, Where?** _____

Officer Signature: _____ **Date:** _____

Personnel Signature: _____ **Date:** _____

All information contained within this form, as well as all follow-up reporting, is considered confidential patient information and is covered by Federal HIPAA statues. This form, and all patient information contained herein, shall be kept confidential. Additionally, this form and all accompanying exposure documentation shall be kept on file for no less than ten (10) years from the date of exposure for medical record and insurance liability reasons.