

POST-EXPOSURE TO POTENTIALLY INFECTIOUS **BIOLOGICAL MATERIAL CHART**

IMPORTANT!
Section A is filled in by the exposed person, Section B is filled in by the physician implementing the post-exposure procedure.

*Please, submit the post-exposure chart forthwith to the OHS Inspectorate (Inspektorat BHP) ul. Rokietnicka 7 telephone 61 845-26-58

SECTION A

I.	PARTICULARS OF THE INJURED PERSON 1. Full name of the exposed person − □ employee, □ student, □ doctoral student
	2. PESEL Tax No.
	Identity document (ID card or passport)
	type of document series number
	3. Date and place of birth: 4. Home address:
	5. Organisation unit/position/degree course
	6. Contact phone
II.	EXPOSURE INFORMATION
	1. Date and time of the report:
	2. Full name of the person receiving the incident report:
Descrir	otion of the exposure (type and amount of the potentially infectious material), brief description of the incident (in the
	f: a. cut wound, indicate the depth and report if the infectious material was injected; b. exposure of the mucous
	ane or skin, provide the approximate amount of infectious material and skin condition – healthy, damaged):
medica and mo	rmation on the source of infection – e.g. the patient (personal data, tests performed, significant information from all history), type of the infectious material (blood, other material; source unknown – description of the situation), type odel of the tool that caused the wound, an activity during which the exposure took place (through skin, exposure of the smembranes etc.):
5. Witi	nesses to the exposure:
a)	b)
u)	0)
6. Pers	onal protective measures used by the employee, student, doctoral student at the time of the exposure:
7. Acti	ons taken with regard to the exposure/first aid/:
TI	
i ne ex	posure chart was completed on
(si	ignature of the exposed person) (signature of the Head of the unit/course teacher in the case of the student confirming the exposure)