



# 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 can be faxed (744-7148) or emailed [ohsp@okstate.edu](mailto:ohsp@okstate.edu)

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