

**Oklahoma State University
Hazardous Substance Employee Exposure Report**

Complete form and return to the OSU Environmental Health & Safety Department
[Please print or type]

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 available? Yes No

Was personal protection equipment used? Yes No

If personal protection equipment used, what type(s)? _____

Was prior training/instructions given to employee prior to exposure? _____

Were any symptoms present at time of exposure? Yes No

If so, describe (attach physician's report, if applicable): _____

Severity of Exposure: First Aid Medical Treatment Unknown

Describe: _____

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)

FILE REPORT WITHIN 24 HOURS OF NOTIFICATION

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