

ADDENDUM TO ICA REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS

Name			Social Security No.	_____
Last	First	M.I.	Birth Date	_____
1. _____			Phone No.	_____
2. Address	_____		City	_____ State _____ Zip _____
3. Employer's or Firm's Full Name	_____		Employer's or Firm's Phone No.	_____
4. Employer's or Firm's Address	_____			
5. Date of Exposure	_____	Time of Exposure	_____	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
6. Address or Location of Exposure	_____			
7. Job Title	_____			

In addition to the Industrial Commission's Report of Significant Work Exposure to Bodily Fluids, Supervisors shall ensure that any exposed employee(s) also answer the four (4) OSHA required Questions listed below and submit them with the ICA Report.

1. List and describe all personal protective equipment the employee was wearing at the time of exposure. If none, so state.

2. List and evaluate all engineering controls and work practices that were in place at the time of the incident (e.g., used sharps containers readily accessible.).

3. Could the incident/exposure have been avoided? If so, how?

4. Are there any changes recommended to avoid similar future incidents?

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETED FORM.

EMPLOYEE SIGNATURE _____ DATE _____

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA
FOR CARRIER USE

**1 COPY FOR EMPLOYER
SEND 1 COPY TO EMPLOYEE
SEND 1 COPY TO INSURANCE ADMINISTRATOR:
SOUTHWEST RISK SERVICES • 4835 E. CACTUS ROAD, SUITE 360 • SCOTTSDALE, AZ 85254-3543**