

ADDENDUM TO ICA REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS

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|------------------------------------|-------|------------------|--------------------------------|---|
| 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 • 14902 N. 73RD.ST • SCOTTSDALE, AZ • 85260**