

**TOWN OF BEACON FALLS**  
**EXPOSURE INCIDENT REPORT**

EMPLOYEE NAME \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

LOCATION OF INCIDENT \_\_\_\_\_  
\_\_\_\_\_

TIME \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

PATIENT'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PATIENT'S S.S. # \_\_\_\_\_

PERSONELL ON SCENE \_\_\_\_\_  
\_\_\_\_\_

NATURE OF EXPOSURE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORTED TO \_\_\_\_\_ DATE \_\_\_\_\_

MISC. INFO \_\_\_\_\_  
\_\_\_\_\_