

ST. CLOUD AREA SCHOOL DISTRICT 742
1201 2nd Street S. Waite Park, MN 56387
(320) 253-9333

Occupational Exposure Incident Report

Directions: Please complete and submit to District Administration Office (DAO) for Health and Safety Coordinator review.

Name of employee with occupational exposure: _____

Building: _____ Last _____ First _____ Middle _____
Date of incident: _____ Time of incident: _____

Type of exposure incident: _____

How did exposure incident occur? _____

What activities were going on when incident occurred? _____

Was the employee using gloves or other personal protective equipment at the time of this incident?
(Please Specify) _____

If not, why not? _____

Describe the employee's duties as they relate to this exposure: _____

Were other staff members involved with this incident? _____

Did other staff members observe this incident? _____

Additional Comments? _____

Signature: _____ Date: _____

Building Administrator's Signature: _____ Date: _____

Safety Supervisor Signature: _____ Date: _____

Revised: 5-2018

*** Important: You must also call the Work Injury Hotline to report.

- Address for evaluation:

Midwest Occupational Medicine

1301 33rd St. S

St. Cloud, MN 56301

320-251-9675