

OKLAHOMA DEPARTMENT OF CORRECTIONS
Employee Exposure Report
(Hazardous Material)

SECTION I

Facility Unit

Department

Date of Exposure

SECTION II

Employee Name

Employee ID #

DOB

Address

City, State

Zip

SECTION III

Common Name of Hazardous Material Involved

Trade Name of Hazardous Material Involved

Location of Incident

Method of Exposure: Ingested Absorbed Inhaled

Type of Personal Protection Equipment Used: _____

SECTION IV

Medical Evaluation, Monitoring, of Treatment:

Name of Treatment Facility: _____

Location

Physician

Supervisor Name / Signature

Date

Receiver's Name / Signature

Date

This report is to be retained by the Environmental Health and Safety unit for a period of 40 years after an employee terminates employment.

Original: Environmental Health and Safety Unit
Copies: Facility/Unit Head
Facility/Unit Safety Consultant
Facility/Unit Human Resources Office
Employee