

OKLAHOMA DEPARTMENT OF CORRECTIONS
Employee Exposure Report
(Hazardous Material)

SECTION I

Facility/District/Unit _____ Department _____ Date of Exposure _____

SECTION II

Employee Name _____ Employee ID # _____

Age _____ DOB _____

Address _____

City/State/Zip _____

SECTION III

Hazardous Material Involved:

Common Name _____ Trade Name _____

Location of Incident _____

Method of Exposure: Ingested _____ Absorbed _____ Inhaled _____

Length of Exposure in Minutes _____

Type of Personal Protection Equipment Used: _____

SECTION IV

Medical Evaluation, Monitoring, of Treatment: _____

Name of Treatment Facility: _____

Location: _____ Physician: _____

Submitted by: _____ Date: _____

Received by: _____ Date: _____

This report is to be retained by the Safety Administration Unit for a period of 40 years after an employee terminates employment.

Original
Facility/District/Unit Head
Employee
Personnel Officer
Safety Administration
Facility Safety Officer

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