Incident Report Form for Body Fluid Spills

Date of incident: _______________  Time: _______ AM/PM

Type of Body Fluid Spill: ☐ Vomit ☐ Diarrhea ☐ Blood ☐ Other ________________________

Name of person experiencing incident: ________________________________

Is this person a foodservice employee: ☐ Yes ☐ No

If yes, was the employee excluded from work? ☐ Yes ☐ No

If no, describe actions taken:
___________________________________________________________
___________________________________________________________
___________________________________________________________

Describe details of incident: ______________________________________

Was the Body Fluid Cleanup Kit used? ☐ Yes ☐ No

Was the Cleaning and Disinfecting Body Fluid Spills SOP implemented? ☐ Yes ☐ No

If no, describe actions taken:
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Name of Person Completing Incident Report
_________________________  ____________________________
Signature                          Date

Return this form to the School Nutrition Manager within 24 hours of incident.