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.