



Employee Exposure of Chemical Substance

Name		Employee No.	
Department			
Location of Exposure			
Date/Time Reported			
Date/Time of Incident			

Employee Description of Chemical Exposure (to be completed by employee):

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Employee Signature		
Samples Taken	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Results Attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MSDS Attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Supervisor's Signature	
Print Name and Date	

Supervisor's signature indicates permission for Physician Evaluation

THIS IS AN EMPLOYEE'S REPORT OF A CLAIMED EXPOSURE; IT DOES NOT CONSTITUTE AN ADMISSION BY THE TOWN THAT SUCH EXPOSURE OCCURRED