NON-EMPLOYEE INJURY AND EXPOSURE REPORT

Every Non-employee Exposure/Injury should be reported to your insurance agent within 24 hours of incident.

Funeral Home Name:	Date:
Funeral Home Preparer Name *(First, Middle, Last)*:	Funeral Home Preparer Signature: **X**

Person(s) Involved

Person #1	☐ Exposed	☐ Injured		
Name *(First, Middle, Last)*:				
Print Address *(Street, City, State, Zip)*:				Telephone:
Person #2	☐ Exposed	☐ Injured		
Name *(First, Middle, Last)*:				
Print Address *(Street, City, State, Zip)*:				Telephone:
Person #3	☐ Exposed	☐ Injured	☐ Witness	
Name *(First, Middle, Last)*:				
Print Address *(Street, City, State, Zip)*:				Telephone:
Person #4	☐ Exposed	☐ Injured	☐ Witness	
Name *(First, Middle, Last)*:				
Print Address *(Street, City, State, Zip)*:				Telephone:

Description of Exposure and/or Injury

Injury/Exposure to Bloodborne Pathogens/OPIM:	☐ Yes	☐ No	Date:	Time:
Description and Nature of Exposure and/or Injury:				
Exposure/Incident Occurred in What Work Area:				
How did Injury/Exposure happen?				
Could Injury/Exposure been avoided?				
Was First Aid offered? Person who gave First Aid:	☐ Yes	☐ No	If "*Yes*," was First Aid:	☐ Accepted ☐ Refused
Did Emergency Service Personnel respond?	☐ Yes	☐ No	If "*Yes*," Name of Unit:	
Was Injured Person transported to Hospital?	☐ Yes	☐ No	If "*Yes*," Name Hospital:	
Name of Transporter *(Ambulance Company or person(s) using private vehicle)*:				

Maintain in Funeral Home File.

New Jersey Funeral Directors Services, Inc.