

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.

