

# ASSINIBOINE REGIONAL HEALTH AUTHORITY

## Hazardous Materials Post Exposure Report

Name of exposed: \_\_\_\_\_

### Exposure Information:

Date of exposure:  Length of exposure:

Type of product exposed to : \_\_\_\_\_

How did you become exposed, including route (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Pin# or UN# of product (if possible:

Have you ever been exposed before? YES  NO

If Yes, when (date, place) \_\_\_\_\_

Did you have formal decontamination? YES  NO

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### Medical/Treatment Information:

Signs and Symptoms: \_\_\_\_\_

Did you seek Medical Attention: YES  NO

If Yes, which doctor did you see? \_\_\_\_\_

When did you see the doctor? \_\_\_\_\_

Did you receive formal decontamination at the time of exposure? YES  NO

Did you complete: *WCB form* YES  NO  *Occurrence Report* YES  NO

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**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original** to be kept on ARHA files for 30 years after date of termination and/or retirement

**1 Copy** to be kept by employee involved