

BIOHAZARD INCIDENT LOG

The purpose of this document is to log biohazard incidents, to prevent extended environmental exposure, and to ensure responding personnel are protected. Provide a copy of the facility's Biohazard Response Policy with this log and refer to it for proper clean up and disposal instructions. Management to review this log regularly (**Mark one:** Daily ____ Weekly ____ Monthly ____ Each Page ____) for sudden increases that may indicate the beginning of an outbreak. Contact the Southern Nevada Health District as soon as an outbreak is suspected: **(702) 759-1300**.

Date and Time	Hazard Type	Location of Hazard	Person Reporting	Ill Person (If Known)	Person Responding to Incident	PPE Used	Description of Response
	<input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> _____					<input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Apron/Suit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Goggles <input type="checkbox"/> _____	
	<input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> _____					<input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Apron/Suit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Goggles <input type="checkbox"/> _____	
	<input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> _____					<input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Apron/Suit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Goggles <input type="checkbox"/> _____	
	<input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> _____					<input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Apron/Suit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Goggles <input type="checkbox"/> _____	
	<input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> _____					<input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Apron/Suit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Goggles <input type="checkbox"/> _____	
	<input type="checkbox"/> Vomit <input type="checkbox"/> Diarrhea <input type="checkbox"/> Blood <input type="checkbox"/> _____					<input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Apron/Suit <input type="checkbox"/> Shoe Covers <input type="checkbox"/> Goggles <input type="checkbox"/> _____	

Manager Review: Date: _____ Name: _____ Signature: _____