

## Bloodborne Exposure, Infection and Allergic Reaction Incident Form

*In accordance with 25-E District of Columbia Municipal Regulations Section 212*

### Facility Information

Name of Facility	
Address of Facility	
Facility Contact Information	
Facility's Business License #	
Facility Type	

### Affected Consumer/Customer Information

Name	
Address	
Contact Information	

### Barber/Cosmetology Operator Information

Name	
Operator License #	

### Bloodborne Exposure, Infection and Allergic Reaction Incident Information

Type of Procedure and Product Used		Date of Procedure	
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Location on the body in which the Bloodborne Exposure, Infection and Allergic Reaction Incident occurred	
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### Healthcare Professional Information (if applicable)

Name of Provider	
Address of Provider	
Provider Contact Information	

### Other information pertaining to incident

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