









**REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS**  
**(THIS IS NOT A CLAIM FORM)**

Name

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Birth Date \_\_\_\_\_

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Employer's or Firm's Full Name \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

4. Employer's or Firm's Address \_\_\_\_\_

5. Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

6. Address or Location of Exposure \_\_\_\_\_

7. Job Title \_\_\_\_\_

8. State fully how exposure occurred (be specific) \_\_\_\_\_

**SAMPLE FORM**

Employers should obtain a supply of "REPORTING FORMS" from the Industrial Commission of Arizona. See "Notice to Employees" for address and phone number.

9. List all persons present at the exposure whom you can identify. \_\_\_\_\_

10. What bodily fluid were you exposed to?

Blood \_\_\_\_\_ Vaginal fluid \_\_\_\_\_ Any other fluid(s) containing blood (Describe) \_\_\_\_\_  
Semen \_\_\_\_\_ Surgical fluid(s) \_\_\_\_\_

11. Who did the bodily fluid come from? \_\_\_\_\_

(Explain) \_\_\_\_\_

12. Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe.

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

13. Did exposure to bodily fluid take place through your (a) skin \_\_\_\_\_ or (b) mucous membrane? \_\_\_\_\_

14. What specific part(s) of your body was exposed to bodily fluid? \_\_\_\_\_

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

15. **NOTE: THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NOT LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.**

**OTHER REQUIRED STEPS:**

- A. YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.
- B. YOU MUST HAVE BLOOD TESTED FOR HIV BY ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.
- C. YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER THE EXPOSURE.
- D. YOU MUST FILE A WORKERS' COMPENSATION CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA  
FOR CARRIER USE

EMPLOYER: KEEP WHITE ORIGINAL (NOTIFY CARRIER)

EMPLOYEE: KEEP YELLOW COPY

**REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS**  
**(THIS IS NOT A CLAIM FORM)**

Name

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Birth Date \_\_\_\_\_

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Employer's or Firm's Full Name \_\_\_\_\_

4. Employer's or Firm's Address \_\_\_\_\_

5. Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

6. Address or Location of Exposure \_\_\_\_\_

7. Job Title \_\_\_\_\_

8. State fully how exposure occurred (be specific) \_\_\_\_\_

**SAMPLE FORM**

Employers should obtain a supply of "REPORTING FORMS" from the Industrial Commission of Arizona. See "Notice to Employees" for address and phone number.

9. List all persons present at the exposure whom you can identify. \_\_\_\_\_

10. What bodily fluid were you exposed to?

Blood \_\_\_\_\_ Vaginal fluid \_\_\_\_\_ Any other fluid(s) containing blood (Describe) \_\_\_\_\_  
Semen \_\_\_\_\_ Surgical fluid(s) \_\_\_\_\_

11. Who did the bodily fluid come from? \_\_\_\_\_

(Explain) \_\_\_\_\_

12. Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe.

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

13. Did exposure to bodily fluid take place through your (a) skin \_\_\_\_\_ or (b) mucous membrane? \_\_\_\_\_

14. What specific part(s) of your body was exposed to bodily fluid? \_\_\_\_\_

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

15. NOTE: THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NO LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.

**OTHER REQUIRED STEPS:**

- A. YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.
- B. YOU MUST HAVE BLOOD TESTED FOR HIV OR HEPATITIS C BY ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.
- C. YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER THE EXPOSURE, OR TESTED AND DIAGNOSED AS POSITIVE FOR THE PRESENCE OF HEPATITIS C WITHIN SEVEN (7) MONTHS AFTER THE EXPOSURE.
- D. YOU MUST FILE A WORKERS' COMPENSATION CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA  
FOR CARRIER USE

EMPLOYER: KEEP WHITE ORIGINAL (NOTIFY CARRIER)

EMPLOYEE: KEEP COPY



# EMPLOYEE SAFETY AND HEALTH PROTECTION

The Arizona Occupational Safety and Health Act of 1972 (Act), provides safety and health protection for employees in Arizona. The Act requires each employer to furnish his employees with a place of employment free from recognized hazards that might cause serious injury or death. The Act further requires that employers and employees comply with all workplace safety and health standards, rules and regulations promulgated by the Industrial Commission. The Arizona Division of Occupational Safety and Health (ADOSH), a division of the Industrial Commission of Arizona, administers and enforces the requirements of the Act.

## As an employee, you have the following rights:

You have the right to notify your employer or ADOSH about workplace hazards. You may ask ADOSH to keep your name confidential.

You have the right to request that ADOSH conduct an inspection if you believe there are unsafe and/or unhealthful conditions in your workplace. You or your representative may participate in the inspection.

If you believe you have been discriminated against for making safety and health complaints, or for exercising your rights under the Act, you have a right to file a complaint with ADOSH within 30 days of the discriminatory action. You are also afforded protection from discrimination under the Federal Occupational Safety and Health Act and may file a complaint with the U.S. Secretary of Labor within 30 days of the discriminatory action.

You have the right to see any citations that have been issued to your employer. Your employer must post the citations at or near the location of the alleged violation.

You have the right to protest the time frame given for correction of any violation.

You have the right to obtain copies of your medical records or records of your exposure to toxic and harmful substances or conditions.

Your employer must post this notice in your workplace.

The Industrial Commission and ADOSH do not cover employers of household domestic labor, those in maritime activities (covered by OSHA), those in atomic energy activities (covered by the Atomic Energy Commission) and those in mining activities (covered by the Arizona Mine Inspector's office). To file a complaint, report an emergency or seek advice and assistance from ADOSH, contact the nearest ADOSH office:

**Phoenix:**  
800 West Washington  
Phoenix AZ. 85007  
602-542-5795



**Tucson:**  
2675 East Broadway  
Tucson, AZ. 85716  
520-628-5478

# PROTECCION DE SEGURIDAD Y SANIDAD PARA EL EMPLEADO

El Acta de Seguridad y Sanidad Ocupacional de 1972 (Acta) provee protección de seguridad y sanidad para los empleados en Arizona. El Acta requiere que cada patron les ofrezca a sus empleados un lugar de empleo libre de riesgos reconocidos que puedan causar daño o muerte. El Acta también requiere que los patrones y empleados cumplan con las normas, y los reglamentos de seguridad y sanidad promulgados por la Comisión Industrial. La ejecución de esta ley se lleva a cabo por la División de Seguridad y Sanidad Ocupacional, un brazo de la Comisión Industrial de Arizona.

## Como empleado, Ud. tiene los derechos siguientes:

Tiene el derecho de notificar a su patron o a ADOSH sobre peligros en su lugar de trabajo. Puede pedir a ADOSH que mantenga su nombre confidencialmente.

Tiene el derecho de solicitar una inspección por parte de ADOSH si cree que existen condiciones peligrosas o poco saludables en su lugar de trabajo. Usted o su representante puede participar en la inspección.

Si cree que su patron lo ha discriminado por presentar reclamos de seguridad y sanidad o por ejercer sus derechos bajo el Acta, puede presentar una queja a ADOSH durante un plazo de 30 dias después de la acción de discriminación. También tiene protección de discriminación bajo el acta federal de seguridad y sanidad ocupacional y puede archivar una queja con el Secretario de Labor de los Estados Unidos dentro de 30 dias después de la discriminación alegada.

Tiene el derecho de ver las citaciones enviadas a su empleador. Su empleador debe colocar las citaciones en un lugar visible en el sitio de la supuesta infracción o cerca de el.

Tiene el derecho de protestar el tiempo dado para corregir una violación.

Tiene el derecho de recibir copias de su historial médico o de los registros de su exposición a sustancias o condiciones tóxicas y peligrosas.

Su empleador debe colocar este aviso en su lugar de trabajo

La ley de seguridad y sanidad en el trabajo no aplica a aquellos patrones que emplean a servicio doméstico, a patrones de actividades marítimas (protegidos bajo OSHA), a patrones en actividades de energía atómica (protegidos bajo la Comisión de Energía Atómica), o a patrones en actividades mineras (protegidos por la Oficina del Inspector de Minas del Estado de Arizona). Para registrar una queja, reportar una emergencia o pedir asistencia de ADOSH, póngase en contacto con la oficina más cercana :

**Phoenix:**  
800 West Washington  
Phoenix AZ. 85007  
602-542-5795  
Llamada gratis: 855-268-5251



**Tucson:**  
2675 East Broadway  
Tucson, AZ. 85716  
520-628-5478  
Llamada gratis: 855-268-5251