



# Exposure to Bloodborne Pathogens Determination Form

This form will be used to determine an employee's potential exposure to bloodborne pathogens during the performance of his/her job at CSN. Please complete and return to:

**CSN Human Resources**  
6375 W. Charleston Blvd, W40E  
Las Vegas, NV 89146  
702-651-5800

**ALL FIELDS MUST BE FILLED**

Employee Name (PRINT CLEARLY) \_\_\_\_\_ Title \_\_\_\_\_

Employee Number \_\_\_\_\_

Department/Program \_\_\_\_\_ Campus \_\_\_\_\_ Mail Sort \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**1. Do you come into contact with any of the following in the performance of your job at CSN?**  
HUMAN BODY FLUIDS including blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, unfixed tissue or organ [other than intact skin] from a human [living or dead]; HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

(circle) YES NO

**2. Do you come into contact with needles, scalpels, or any other sharp devices CONTAMINATED WITH BODY FLUIDS during the performance of your job at CSN?**

(circle) YES NO

**3. Do you handle regulated waste or 'red bags' waste in the performance of your job at CSN?**

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro biological wastes containing blood or other potentially infectious materials.

(circle) YES NO

**4. Have you received the hepatitis B vaccination series of 3 injections?**

(circle) YES NO

**IF YES, please provide the dates of each injection. Give specific dates.**

**Injection #1** \_\_\_\_\_

**Injection #2** \_\_\_\_\_

**Injection #3** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**THANK YOU. PLEASE RETURN TO CSN HUMAN RESOURCES (see above address)**