

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**Employee Exposure Report**  
**(Hazardous Material)**

**SECTION I**

Facility Unit

Department

Date of Exposure

**SECTION II**

Employee Name

Employee ID #

DOB

Address

City, State

Zip

**SECTION III**

Common Name of Hazardous Material Involved

Trade Name of Hazardous Material Involved

Location of Incident

Method of Exposure: ☐ Ingested ☐ Absorbed ☐ Inhaled

Type of Personal Protection Equipment Used:

**SECTION IV**

Medical Evaluation, Monitoring, of Treatment:

Name of Treatment Facility:

Location

Physician

Supervisor Name / Signature

Date

Receiver's Name / Signature

Date

This report is to be retained by the Environmental Health and Safety unit for a period of 40 years after an employee terminates employment.

Original: Environmental Health and Safety Unit  
Copies: Facility/Unit Head  
Facility/Unit Safety Consultant  
Facility/Unit Human Resources Office  
Employee