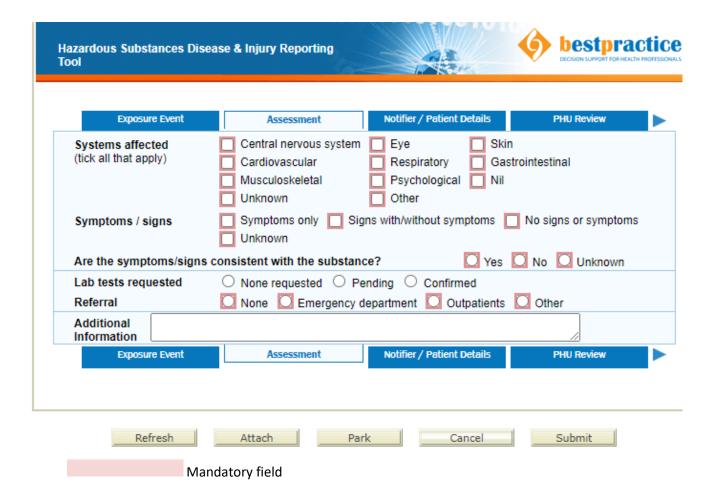
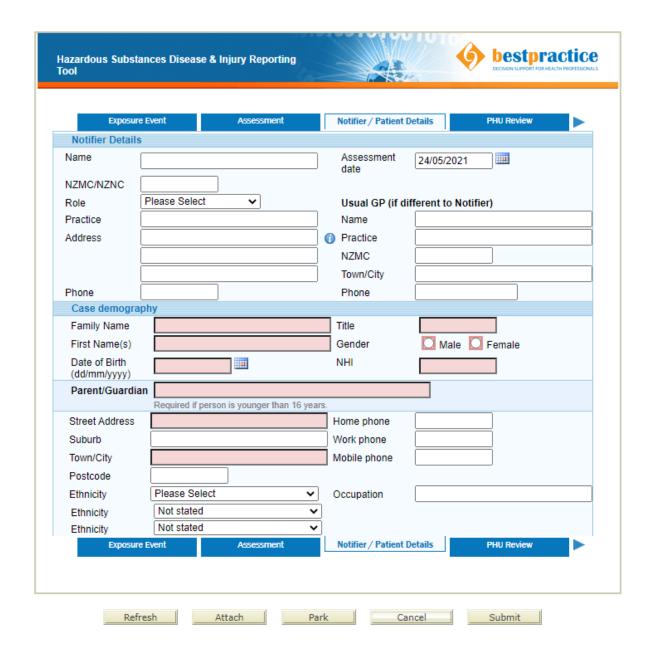
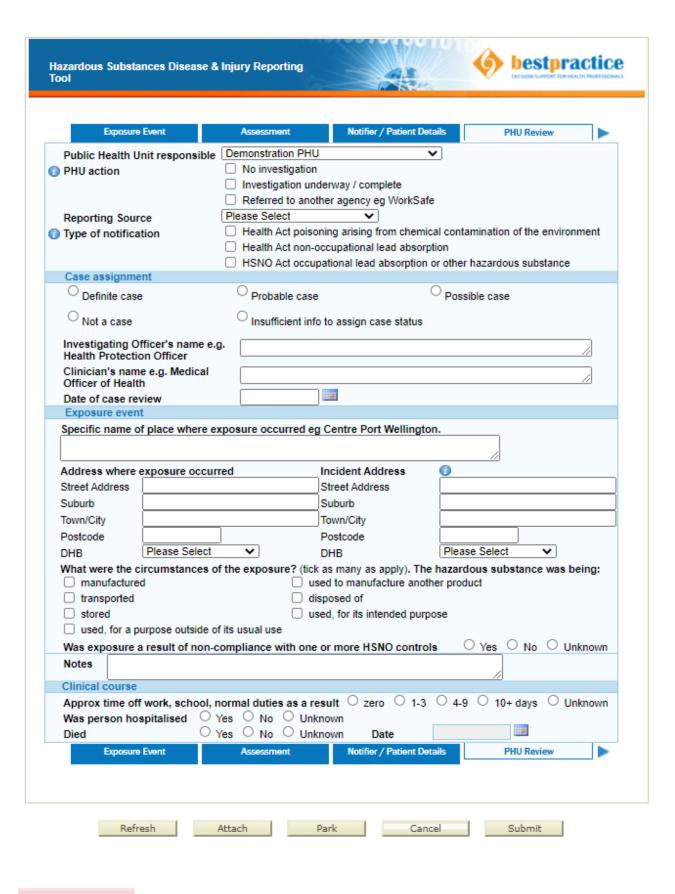
lazardous Substances Dise ool	ease & Injury Reporting		best	Pactic FOR HEALTH PROFESSION
Exposure Event	Assessment	Notifier / Patient Details	PHU Review	•
Send notification to Medi	cal Officer of Health at:	nonstration PHU	~	
Exposure Event				
Exposure route Date exposure began	Ingestion Inhalation OR Mont	Skin contact Eye	contact Unknown OR Unknown	wn
Exposure length Place of exposure	< 1 day between 1 day Home Workplace Public place Unknown	& 1 month ○ ≥1 mon School/ECC Other	nth O Unknown	
Intent	O Unintentional O Intentiona	l O Unknown		
	linked to other cases of the same	e exposure event?	O Yes	O No
Substance categories		richemical Industr ad Unkno	rial chemical wn	
	ld: cosmetic, dishwashing powder nical: pesticide, animal remedies, spray		solvent, chlorine, fumig rcury, arsenic	ant
Substance name (comple Chemical name e.g. sodium hypochlorite	ete at least 1 field) Product name Janola	Comn	non name	Unknown
Exposure Event	Assessment	Notifier / Patient Details	PHU Review	>
Refresh	AttachPark	Cancel	Submit	

Mandatory field





Mandatory field



Mandatory field