

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
Blood and Body Fluid Spills – Decontamination Form

Specific Area/Items Decontaminated: _____

Date: _____ Supervisor/Author: _____

Items Removed (Evidence, Trash, etc.): _____

Storage/Disposition (Items Removed): _____

EMPLOYEE SUPERVISING DECONTAMINATION

RANK

INMATE ASSIGNED

DIN

HOUSING LOCATION

FORWARD COMPLETED FORM TO FACILITY WATCH COMMANDER