

SHARPS INJURY LOG

The following information, if known or reasonably available, must be documented within 14 working days of the date on which the exposure incident occurred.

Injured employee's name _____

Job classification _____

Supervisor's name _____

Date of exposure incident report: ____/____/____ Report written by: _____

Date and time of the exposure incident: _____

Type and brand of sharp involved: _____

Description of exposure incident: _____

Department or work area where the exposure occurred: _____

Procedure being performed by the exposed employee at the time of the incident: _____

How the incident occurred: _____

Body part(s) involved: _____

Did the device have engineered sharps injury protection? Yes___ or No ___

If yes, did the engineered sharps injury protection contribute to the exposure? Yes___ or No___

If Yes	If No
A. Was the protective mechanism activated at the time of the exposure incident? Yes___ or No___ B. Did the injury occur before___ during___ or after___ the mechanism was activated?	A. Does the injured employee believe that a protective mechanism could have prevented the injury? Yes___ or No___
Comments:	

Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes___ or No___ Employee's opinion:

Comments on the exposure incident (e.g., additional relevant factors involved):

Picture of the sharp involved (attach if available).