

SHARPS INJURY LOG

--	--	--	--	--	--

Injury ID (Please leave blank.)

--	--	--	--

Facility ID (Please leave blank.)

Please complete a Log for each employee exposure incident involving a sharp.

Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

Institution:		Department:	
Address:		Page #	of
City:		State:	Zip Code:
Date filled out:	By:	Phone Number:	

Facility injury ID#	Date of injury	Time of injury	Optional Sex	Age																						
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>					<input type="radio"/> Male <input type="radio"/> Female	<table border="1"><tr><td></td><td></td></tr></table>		
	month day year	<input type="radio"/> a.m. <input type="radio"/> p.m.																								

Description of the exposure incident:

Job classification:

MD Nurse

Medical assistant

Phlebotomist/Lab tech

Housekeeper/Laundry

CNA/HHA

Student, type _____

Other _____

Department/Location:

Exam room Emergency dept.

Operating room Procedure room

Clinical laboratory

Medical/outpatient clinic

Service/Utility area (disp. rm./laundry)

Other _____

Procedure:

Draw venous blood Heparin/saline flush

Draw arterial blood Cutting

Injection, through skin Suturing

Start IV/set up heparin lock

Unknown/not applicable

Other _____

Did the exposure incident occur:

During use of sharp Disassembling

Between steps of a multistep procedure

After use and before disposal of sharp

While putting sharp into disposal container

Sharp left, inappropriate place (table, bed, etc.)

Other _____

Body part:
(check all that apply)

Finger Face/head

Hand Torso

Arm Leg

Other _____

Identify sharp involved:
(if known)

Type: _____

Brand: _____

Model: _____

e.g., 18g. needle/ABC Medical/"no stick" syringe

Did the device being used have engineered sharps injury protection?

Yes No Don't know

Was the protective mechanism activated?

Yes – fully Yes – partially No

Did the exposure incident occur:

Before During After activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Yes No

Explain: _____

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? Yes No

Explain: _____
