

SHARPS INJURY LOG

In accordance with [29 CFR 1910.1030 \(h\)\(5\)](#), Bloodborne Pathogens Standard.

Environmental Health and Safety will complete a log for each employee exposure incident involving a sharp.

PERSONAL INFORMATION:

PRINT: First Name, Middle Initial, Last Name _____ Daytime Phone _____ Social Security Number _____

_____ Male Female

DATE OF BIRTH _____

DEPARTMENT _____ SUPERVISOR _____

_____ / ____ / ____ A.M.
P.M.

LOCATION WHERE INJURY OCCURRED (BUILDING NAME AND ROOM NUMBER) _____ DATE & TIME OF INJURY _____

Brief explanation of how incident occurred: _____

FILL IN THE ONE CIRCLE CORRESPONDING TO THE MOST APPROPRIATE ANSWER.

Procedure: <input type="radio"/> Draw venous blood <input type="radio"/> Heparin / Saline Flush <input type="radio"/> Draw arterial blood <input type="radio"/> Cutting <input type="radio"/> Injection, through skin <input type="radio"/> Suturing <input type="radio"/> Start IV/set up heparin lock <input type="radio"/> Removing Trash <input type="radio"/> Unknown / Not Applicable <input type="radio"/> Other _____		Did the exposure incident occur: <input type="radio"/> During use of sharp <input type="radio"/> Disassembling <input type="radio"/> Between steps of a multi-step procedure <input type="radio"/> After use and before disposal of sharp <input type="radio"/> While putting sharp into disposal container <input type="radio"/> Sharp left, inappropriate place (table, bed, trash, etc.) <input type="radio"/> Other _____	
Body Part: (Check all that apply) <input type="radio"/> Finger <input type="radio"/> Face/Head <input type="radio"/> Hand <input type="radio"/> Torso <input type="radio"/> Arm <input type="radio"/> Leg <input type="radio"/> Other _____	Identify sharp involved: (if known) Type: _____ Brand: _____ Model: _____ <small>(i.e., 18 g needle/ABC Medical/"no stick" syringe)</small>	Did the device being used have engineered sharps injury protection? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know Was the protective mechanism activated? <input type="radio"/> Yes-fully <input type="radio"/> Yes-partially <input type="radio"/> No Did the exposure incident occur: <input type="radio"/> Before <input type="radio"/> During <input type="radio"/> 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? <input type="radio"/> YES <input type="radio"/> NO Explain: _____ _____ _____		Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="radio"/> YES <input type="radio"/> NO Explain: _____ _____ _____	

EMPLOYEE SIGNATURE _____

DATE _____

EHS SIGNATURE _____

DATE _____

This form will be completed by and maintained in Environmental Health and Safety through interviews.
This sharps injury log will be maintained for five years following the end of the year in which the incident occurred.