

## SHARPS INJURY LOG

*Complete a log for each exposure incident involving a sharp within 14 working days.*

Department: \_\_\_\_\_

Date filled out: \_\_\_\_\_

Date of Exposure Incident:	Time of Exposure incident:
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Description of the Exposure Incident:
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Job Classification:	Department/Location:	Body Part (check all that apply):	Procedure:
<input type="checkbox"/> MD <input type="checkbox"/> Nurse <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Phlebotomist/Lab Tech <input type="checkbox"/> Custodial/Laundry <input type="checkbox"/> Student <input type="checkbox"/> Other _____	<input type="checkbox"/> Patient Room <input type="checkbox"/> Clinical Laboratory <input type="checkbox"/> Medical Clinic <input type="checkbox"/> Service/Utility Area <input type="checkbox"/> Restroom <input type="checkbox"/> Outside <input type="checkbox"/> Other _____	<input type="checkbox"/> Finger <input type="checkbox"/> Face/Head <input type="checkbox"/> Hand <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Other _____	<input type="checkbox"/> Drawing Blood <input type="checkbox"/> Cutting <input type="checkbox"/> Injection, through skin <input type="checkbox"/> Suturing <input type="checkbox"/> Start IV/Set-Up heparin lock <input type="checkbox"/> Taking out trash/med waste <input type="checkbox"/> Other _____

<b>Identify Sharp Involved:</b> Type: _____ Brand: _____ Model: _____ <i>e.g. 18g needle/ABC Medical/"no stick" syringe</i>
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<p><b>Exposed Employee:</b> If sharp had no engineered sharps injury protection, does the injured employee have an opinion that such a mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>
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<p><b>Exposed Employee:</b> Does the injured employee have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>
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