

SHARPS INJURY LOG

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

School Site: _____ Department: _____

Address: _____ Page # _____ of _____

City: _____ State: _____ Zip Code: _____

Date Filled Out: _____ By: _____ Phone No.: _____

Date of Injury Time of Injury Sex Age
__/__/__ ____:____ M F ____
 a.m. p.m.

Description of the exposure incident:

Job Classification:

- Staff School Nurse
- Teacher Teacher / Student Aid
- Student Custodial / Housekeeping
- Other _____

Department/Location

- Classroom Nurse Office
- Gym Playground
- Service / Utility Area
- 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 multi-step procedure
- After use and before disposal of sharp
- While putting sharp into disposal container
- Sharp left, inappropriate place (table, chair, etc.)
- Other _____

Body Part: (check all that apply)

- Finger Face / Head
- Hand Torso
- Arm Leg

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 protective mechanism activated?
 Yes-fully Yes-partially No
- Did the exposure incident occur:
 Before During After activation

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

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