

# Appendix B – Sharps Injury Log

[Injured employee must complete this form and return to EHS]

<b>Date/Time of Incident</b>			
<b>Facility Location/Room #</b>			
<b>Employee Name</b>			
<b>Employee Job Title</b>			
<b>Employee Department</b>			
<b>Procedure/SOP employee was performing at the time of incident:</b>			
<p><b>Circumstance related to exposure incident:</b></p> <p> <input type="checkbox"/> During use of the sharp             <input type="checkbox"/> While putting sharp into disposal container  <input type="checkbox"/> Disassembling the sharp             <input type="checkbox"/> Sharp left at inappropriate place (i.e. on bench)  <input type="checkbox"/> After use and before disposal of sharp             <input type="checkbox"/> Other:           </p>			
<b>Description of exposure incident (describe specific activity and any variation from routine):</b>			
<p><b>Affected body part (check all that apply; specify area(s) for each):</b></p> <p> <input type="checkbox"/> Finger:             <input type="checkbox"/> Torso:  <input type="checkbox"/> Face/head:             <input type="checkbox"/> Arm:  <input type="checkbox"/> Hand:             <input type="checkbox"/> Other:           </p>			
<b>Identify the sharp involved, if known (e.g., 18-gauge needle, ACME Medical Supply, “No-Stick Syringe”):</b>			
Type:			
Brand:			
Model:			
<b>Questions for Exposed Employee</b>			
Did the device being used have engineered sharps injury protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Was the protective mechanism activated?	<input type="checkbox"/> Yes, fully	<input type="checkbox"/> Yes, partially	<input type="checkbox"/> No
For the sharp activation, when did the exposure incident occur?	<input type="checkbox"/> Before	<input type="checkbox"/> During	<input type="checkbox"/> After
<p>If the sharp had no engineered sharps injury protection, do you believe that such a mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:</p>			
<p>Do you 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 Explain:</p>			
<b>Form completed by:</b>			<b>Date:</b>