

Sharps Injury Record

Type or print clearly. This record must be completed within 14 working days of the date the incident is reported to the employer.
Confidential Information. Do Not Record Employee's Name. Use Facility Established Injury ID Number.
Follow facility policy on recording of accident and information.

Injury ID No: _____

Date of this report: _____ Report completed by: _____ Title: _____

Date exposure incident occurred: _____ Time exposure incident occurred: _____ am
pm

Type of sharp involved in the incident: _____

Brand of sharp involved in the incident: _____

Job classification of the exposed employee: _____

Department or work area where the exposure incident occurred: _____

Describe the procedure that the exposed employee was performing at the time of the incident:

Describe how the incident occurred:

What body part was involved in the exposure incident? _____

Did the sharp have engineered sharps injury protection? _____
If **Yes**, was the protective mechanism activated? _____
Did the injury occur **before** the protective mechanism was activated? _____
Did the injury occur **during** activation of the protective mechanism? _____
Did the injury occur **after** activation of the protective mechanism? _____

If the sharp had no engineered sharps injury protection, what was the injured employee's opinion as to whether and how such a mechanism could have prevented the injury? (Employee must provide this information.)

What was the employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury? (Employee must provide this information.)

Signature/Title of Person Completing Report