

SHARPS INJURY LOG

Please complete a log for each employee exposure incident involving a sharp within 14 days of the date the incident is reported.

Complete this form in conjunction with the Hazardous Chemical Exposure Report Form for sharps injuries that also involve occupational chemical exposures (i.e. stuck by needle used to pipette a chemical).

Check the box that corresponds to the most appropriate answer. Type or print clearly.

Department:		Phone:		Date Completed:	
Supervisor:		Supervisor Signature:		Date Signed:	

Date of Injury:(Month-Day-Year)	Time of Injury	Gender	Age
/ /	: am pm	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Description of the exposure incident involving sharps:

Job Classification of Exposed Employee: (Check All That Apply) <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Phlebotomist/Med Tech <input type="checkbox"/> Custodial <input type="checkbox"/> Plumber <input type="checkbox"/> Grounds Worker <input type="checkbox"/> Police Officer <input type="checkbox"/> Researcher/Lab Tech <input type="checkbox"/> Animal Care Worker <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Other _____	Location/Work Area Where Exposure Occurred: (Check All That Apply) <input type="checkbox"/> Exam Room <input type="checkbox"/> Procedure Room <input type="checkbox"/> Urgent Care <input type="checkbox"/> Residential Site <input type="checkbox"/> Athletic Field/Gym <input type="checkbox"/> Recreation/Fit Center <input type="checkbox"/> Laboratory/Classroom <input type="checkbox"/> Animal Facility <input type="checkbox"/> Service/Utility Area <input type="checkbox"/> Other: _____
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Procedure Being Performed at Time of Incident: (Check All That Apply) <input type="checkbox"/> Draw venous blood <input type="checkbox"/> Heparin/saline flush <input type="checkbox"/> Draw arterial 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"/> Handling Medical Waste <input type="checkbox"/> Provide First Aid/CPR <input type="checkbox"/> Research procedure, explain: _____ <input type="checkbox"/> Other _____	Exposure Incident Occurred: (Check All That Apply) <input type="checkbox"/> During use of sharp <input type="checkbox"/> Disassembling <input type="checkbox"/> Between steps of a multistep procedure <input type="checkbox"/> After use and before disposal of sharp <input type="checkbox"/> While putting sharp into disposal container <input type="checkbox"/> Sharp left in inappropriate place (table, bed, trash, etc.) <input type="checkbox"/> Other _____
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Body Part: (Check All That Apply) <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 _____	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? <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
		Did the exposure incident occur? <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After Activation

Exposed Employee Opinion: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Exposed Employee Opinion: 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:
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Did employee seek medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Facility:	Health Care Personnel:	Phone:

Sharps Injury Log must be submitted to:
 Environmental Health & Safety, 135 Horton Hall, 2350 Broadhollow Road, Farmingdale, NY 11735
 Phone: (631) 420-2105 Fax: (631) 420-9173 Click [here](http://www.farmingdale.edu/administration/administration-finance/environmental-health-safety/index.shtml) for the EH&S Website:
<http://www.farmingdale.edu/administration/administration-finance/environmental-health-safety/index.shtml>