

SHARPS INJURY LOG

--	--	--	--	--	--

Injury ID (Please leave blank.)

--	--	--	--

Facility ID (Please leave blank)

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

Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

Institution:		Department:	
Address:		Page #	of
City:		State:	Zip Code:
Date filled out:	By:	Phone Number:	

Facility injury ID#	Date of injury	Time of injury	Optional Sex	Age																				
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table> / <table border="1"><tr><td> </td><td> </td></tr></table>							<table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table>					<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1"><tr><td> </td><td> </td></tr></table>		
	month day year	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.																						

Description of the exposure incident: _____ _____ _____ _____ _____	Job classification:	Department/Location:
	<input type="checkbox"/> MD Nurse	<input type="checkbox"/> Patient room <input type="checkbox"/> Emergency dept.
	<input type="checkbox"/> Medical assistant	<input type="checkbox"/> Operating room <input type="checkbox"/> Procedure room
	<input type="checkbox"/> Phlebotomist/Lab tech	<input type="checkbox"/> CCU/ICU <input type="checkbox"/> Home
	<input type="checkbox"/> Housekeeper/Laundry	<input type="checkbox"/> Clinical laboratory
	<input type="checkbox"/> CNA/HHA	<input type="checkbox"/> Medical/outpatient clinic
<input type="checkbox"/> Student, type _____	<input type="checkbox"/> Service/Utility area (disp. rm./laundry)	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Procedure:	<input type="checkbox"/> Heparin/saline flush
<input type="checkbox"/> Draw venous blood	<input type="checkbox"/> Cutting
<input type="checkbox"/> Draw arterial blood	<input type="checkbox"/> Suturing
<input type="checkbox"/> Injection, through skin	
<input type="checkbox"/> Start IV/set up heparin lock	
<input type="checkbox"/> Unknown/not applicable	
<input type="checkbox"/> Other _____	

Did the exposure incident occur:	<input type="checkbox"/> Disassembling
<input type="checkbox"/> During use of sharp	
<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, inappropriate place (table, bed, etc.)	
<input type="checkbox"/> Other _____	

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: _____
<small>e.g., 18g. needle/ABC Medical/"no stick" syringe</small>

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: If sharp had no engineered sharps injury protection, of you have an opinion that such a mechanism could have prevented the injury? Yes No
Explain: _____

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

