




# Sharps Injury Log

The following information, if known or reasonably available, is documented within 14 working days of the date on which each exposure incident was reported.

1. Date and time of the exposure incident: \_\_\_\_\_
2. Date of exposure incident report: \_\_\_\_\_ Report written by: \_\_\_\_\_
3. Type and brand of sharp involved: \_\_\_\_\_
4. Description of exposure incident:
  - Job classification of exposed employee: \_\_\_\_\_
  - Department or work area where the incident occurred: \_\_\_\_\_
  - Procedure being performed by the exposed employee at the time of the incident: \_\_\_\_\_  
\_\_\_\_\_
  - How the incident occurred: \_\_\_\_\_
  - Body part(s) involved: \_\_\_\_\_
  - Did the device involved have engineered sharps injury protection? Yes (✓) \_\_\_\_\_ No (✓) \_\_\_\_\_
  - Was engineered sharps injury protection on the sharp involved? Yes (✓) \_\_\_\_\_ No (✓) \_\_\_\_\_

If Yes	If No
<p>A. Was the protective mechanism activated at the time of the exposure incident? Yes ____ No ____</p> <p>B. Did the injury occur before, during, or after the mechanism was activated?</p> <p>_____</p> <p>Comments: _____ _____</p>	<p>A. Does the injured employee believe that a protective mechanism could have prevented the injury? Yes ____ No ____</p> <p></p>

- Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes (✓) \_\_\_\_\_ No (✓) \_\_\_\_\_
  - Employee's opinion: \_\_\_\_\_  
\_\_\_\_\_
5. Comments on the exposure incident (e.g., additional relevant factors involved):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. Employee interview summary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  7. Picture(s) of the sharp(s) involved (please attach if available).