

# RISK MANAGEMENT AND SAFETY SERVICES

## 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 Supervisor Injury/Illness Report for injuries related to occupational exposures.

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

Department:		Phone:	
Supervisor:		Supervisor Signature:	

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:

<b>Job Classification of Exposed Employee: (Check All That Apply)</b> <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 _____	<b>Location/Work Area Where Exposure Occurred: (Check All That Apply)</b> <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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<b>Procedure Being Performed at Time of Incident: (Check All That Apply)</b> <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 _____	<b>Exposure Incident Occurred: (Check All That Apply)</b> <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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<b>Body Part: (Check All That Apply)</b> <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 _____	<b>Identify sharp involved (if known):</b> 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	<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	<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	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After Activation

<b>Exposed Employee Opinion:</b> 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:	<b>Exposed Employee Opinion:</b> 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?	Health Care Facility:	Health Care Personnel:	Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Sharps Injury Log must be submitted to:  
 Environmental Health & Safety Coordinator, Humboldt State University  
 1 Harpst St. Arcata Ca, 95521 Student Business Services 316  
 Phone: (707)826-3302