Sample Sharps Injury Log

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.

Injury ID (Please leave blank.) | Facility ID (Please leave blank.)

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

Facility Injury ID# | Date of Injury (Month / Day / Year) | Time of Injury (○ am ○ pm) | Optional: Sex ○ Male ○ Female, Age

Description of the Exposure Incident:

Job Classification:

- ○ MD ○ Nurse
- ○ Medical Assistant
- ○ Phlebotomist/Lab Tech
- ○ Housekeeper/Laundry
- ○ CNA/HHA
- ○ Student, type_____
- ○ Other_____

Department Location:

- ○ Patient Room ○ Emergency Dept.
- ○ Operating Room ○ Procedure Room
- ○ CCU/ICU ○ Home
- ○ Clinical Laboratory
- ○ Medical/Outpatient Clinic
- ○ Service/Utility Area (Disp. Rm./Laundry)
- ○ Other_____

Procedure:

- ○ Draw venous blood ○ Heparin/Saline flush
- ○ Draw arterial blood ○ Cutting
- ○ Injection, through skin ○ Suturing
- ○ Start IV/Set up heparin lock
- ○ Unknown/Not applicable
- ○ Other_____

Did the Exposure Incident Occur:

- ○ During use of sharp ○ Disassembling
- ○ Between steps of a multistep procedure
- ○ After use and before disposal of sharp
- ○ While putting sharp into disposal container
- ○ Sharp left, inappropriate place (table, bed, etc.)
- ○ Other_____

Body Part: (Check all that apply)

- ○ Finger ○ Face/Head
- ○ Hand ○ Torso
- ○ Arm ○ Leg
- ○ 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?
○ Yes ○ No ○ Don't Know

Was the protective mechanism activated?
○ Yes-Fully ○ Yes-Partially ○ No

Did the exposure incident occur:
○ Before ○ During ○ After activation

Exposed Employee: If sharp had no engineered sharps injury protection, do 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:_____

Resource: Sharps Injury Control Program (SHARPS), State of California - Department of Health Services, Occupational Health Branch/UCSF