

ENVIRONMENTAL HEALTH AND SAFETY

SHARPS INJURY LOG

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

Do not enter the exposed employee's name, employee ID, medical information, or other direct identifier on this form.

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:		Date Completed:	
Supervisor:		Supervisor Signature:		Date Signed:	
Date of Injury:(Month-Day-Year)		Time of Injury		Date of Report to Supervisor:(Month-Day-Year)	
/ /		: am/pm		/ /	
Description of the exposure incident involving sharps, including the sequence of events, contributing factors, where the sharp was located, and any equipment or workflow issue:					
Job Classification of Exposed Employee: (Check All That Apply) ☐ MD ☐ PA ☐ NP ☐ RN ☐ Medical Assistant ☐ Phlebotomist/Med Tech ☐ Custodial ☐ Plumber ☐ Grounds Worker ☐ Police Officer ☐ Researcher/Lab Tech ☐ Animal Care Worker ☐ Coach/Trainer ☐ Other _____			Location/Work Area Where Exposure Occurred: (Check All That Apply) ☐ Exam Room ☐ Procedure Room ☐ Urgent Care ☐ Residential Site ☐ Athletic Field/Gym ☐ Recreation/Fit Center ☐ Laboratory/Classroom ☐ Animal Facility ☐ Service/Utility Area ☐ Other:_____		
Procedure Being Performed at Time of Incident: (Check All That Apply) ☐ Draw venous blood ☐ Heparin/saline flush ☐ Draw arterial blood ☐ Cutting ☐ Injection through skin ☐ Suturing ☐ Start IV/set up heparin lock ☐ Handling Medical Waste ☐ Provide First Aid/CPR ☐ Research procedure, explain: _____ ☐ Other_____			Exposure Incident Occurred: (Check All That Apply) ☐ 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 in inappropriate place (table, bed, trash, 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 Opinion: 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 Opinion: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? ☐ Yes ☐ No Explain: _____		
Did employee seek medical attention? ☐ Yes ☐ No					

Sharps Injury Log must be submitted to:
 Environmental Health & Safety Coordinator, Cal Poly Humboldt
 1 Harpst St. Arcata Ca, 95521 Student Business Services 316
 Phone: (707)826-5711