Sharps Injury Report

Date of Injury:__________ Time of Injury:__________ Type & Brand of Sharp:_______________

Job Classification of Injured Person:___________________________________

Site where exposure occurred:_____________________________________

Procedure being performed when exposure occurred:

How incident occurred: (briefly)

Body part involved in exposure/injury:

Did the sharp involved have engineered protection? Was the protection activated? Did the injury occur before/during/after the protective mechanism was activated?

If the sharp did not have engineered protection, in the injured person’s opinion, would protective mechanism have prevented the injury?

In the injured person’s opinion, would any other engineering, administrative or work practice control have prevented the injury?

________________________________________
Faculty/Supervisor’s Signature

________________________________________
Date