Sharps Injury Report

(Confidential)

Exposed employee: ____________________________ Date: __________
Job Classification: ____________________________ Program: ________
Source patient: ________________________________
Date & time of exposure: ____________________________
Procedure being performed: ____________________________
Instrument being used: ______ Brand: ________ Size: ______
Incident as described by exposed employee: ____________________________

Was safety device used? Yes No
If so, was the safety feature activated? Yes No
Did the injury occur □ before or □ after activation of protective mechanism?
If a safety device was not used, could a safety device have prevented the injury?
□ Yes □ No
If so, how? ______________________________________

Could any of the following controls have prevented the injury? Describe how.
□ Engineering control ____________________________
□ Administrative control ____________________________
□ Work Practice control ____________________________

Signatures Dates
Exposed Employee: ____________________________
Supervisor: ____________________________
Safety Director: ____________________________

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