






For Period Ending: ____ / ____ / ____



SHARPS INJURY LOG*

Company Name: _____

<p>Date Entered: ____/____/____</p> <p>Date Incident Occurred: ____/____/____ Month Day Year</p> <p>Time Incident Occurred: ____:____ AM <input type="checkbox"/> PM <input type="checkbox"/></p> 	<p>Type and Brand of Device Involved:</p>	<p>Job Classification of Exposed Employee</p>	<p>Department or Work Area Where Exposure Incident Occurred:</p>	<p>Procedure Performed by Employee at Time of Incident:</p>	<p>How Incident Occurred:</p>	<p>Body Part Involved in Incident:</p>	<p>Did the sharp have engineered sharps injury protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was the protective mechanism activated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did the injury occur before the protective mechanism was activated, after it was activated, or during activation? <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> During</p> <p>If the sharp did not have engineered sharps injury protection, the employee should give an opinion as to whether and how such a mechanism could have prevented the injury.</p> <p>The employee should give an opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.</p>
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* Referred to in §5193(c)(2). • Retain until ____/____/____ (5 years after the end of the current year- see §5193(h)(3))