



SHARPS INJURY LOG—REPORT

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

1. Complete this form in addition to the SFSU Incident Reporting Form for injuries related to occupational exposures.
2. Check the box that corresponds to the most appropriate answer. Type or print clearly.

Department		Phone		Date Completed	
Supervisor Name		Supervisor Signature		Date Signed	

A. Date of Exposure Incident (Month-Day-Year) ____/____/____	Time of Injury _____ am pm	Report written by _____
B. Identify the sharp involved (if known) Type _____ Brand _____ Model _____ e.g. 18g needle/ABC Medical, "no stick" syringe	Description of the exposure incident involving sharps: _____	

1. Job Classification of Exposed Employee (Check all that apply) <input type="checkbox"/> Custodian <input type="checkbox"/> MD <input type="checkbox"/> NP <input type="checkbox"/> Grounds Worker <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> Police Officer <input type="checkbox"/> Phlebotomist/Med Tech <input type="checkbox"/> Coach/Trainer <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Gym Staff <input type="checkbox"/> Nursing Student/Intern <input type="checkbox"/> Plumber <input type="checkbox"/> Instructor/Teaching Assistant <input type="checkbox"/> Food Service Worker <input type="checkbox"/> Instructional Support Technician <input type="checkbox"/> Waste Management Staff <input type="checkbox"/> EH&S Staff <input type="checkbox"/> Equipment Tech/Assistant <input type="checkbox"/> HAZWOPER Trained Staff <input type="checkbox"/> Researcher/Lab Technician <input type="checkbox"/> Housing Staff <input type="checkbox"/> Animal Care Worker <input type="checkbox"/> Other	2. Location/Work Area Where Exposure Occurred (Check all that apply) <input type="checkbox"/> Athletic Field/Gym <input type="checkbox"/> Student Health Exam Room <input type="checkbox"/> Recreation/Fitness Center <input type="checkbox"/> Student Health Procedure Room <input type="checkbox"/> Laboratory Classroom <input type="checkbox"/> Police Vehicle <input type="checkbox"/> Animal Facility <input type="checkbox"/> Parking Lot <input type="checkbox"/> Research Laboratory <input type="checkbox"/> Off-campus – field work <input type="checkbox"/> Service/Mechanical Room <input type="checkbox"/> Main campus quad/grounds <input type="checkbox"/> Residential Site/Housing <input type="checkbox"/> Cafeteria/Food Preparation Area <input type="checkbox"/> Machine Shop <input type="checkbox"/> Other <input type="checkbox"/> Loading Dock <input type="checkbox"/> Bathroom <input type="checkbox"/> Storage space/closet
3. Procedure Being Performed at Time of Incident (Check all that apply.) <input type="checkbox"/> Cutting/slicing <input type="checkbox"/> Providing first aid/CPR <input type="checkbox"/> Handing medical waste <input type="checkbox"/> Suturing <input type="checkbox"/> Handling sharps waste <input type="checkbox"/> Injection through skin <input type="checkbox"/> Handling trash/garbage <input type="checkbox"/> Start IV/ set up heparin lock <input type="checkbox"/> Fixing pipes/drainage <input type="checkbox"/> Heparin/saline wash <input type="checkbox"/> Maintaining equipment <input type="checkbox"/> Draw venous blood <input type="checkbox"/> Gardening/grounds maintenance <input type="checkbox"/> Draw arterial blood <input type="checkbox"/> Washing dishes/glassware <input type="checkbox"/> Handling laundry <input type="checkbox"/> Research procedure (explain) <input type="checkbox"/> Other (explain) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4. How Exposure Incident Occurred (Check all that apply) <input type="checkbox"/> While using the sharp <input type="checkbox"/> After use and before disposal of sharp <input type="checkbox"/> While putting sharp into the disposal container <input type="checkbox"/> Between steps of a multi-step procedure <input type="checkbox"/> Disassembling equipment/pipes, etc. <input type="checkbox"/> Sharp left in an inappropriate place (bench top, table, trash, sink, etc.) <input type="checkbox"/> During a search with sharp hidden in bushes, clothing, baggage, etc. <input type="checkbox"/> Other <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5. Body Part Involved (Check all that apply) <input type="checkbox"/> Finger <input type="checkbox"/> Torso <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Face/Head <input type="checkbox"/> Toe <input type="checkbox"/> Other	Did employee get medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it First Aid Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the device being used have engineered sharp injury protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Was the protective mechanism activated when it happened? <input type="checkbox"/> Yes, fully <input type="checkbox"/> Yes, partially <input type="checkbox"/> No When did the exposure incident occur? (Check one) <input type="checkbox"/> Before Activation <input type="checkbox"/> During Activation <input type="checkbox"/> After Activation	

7. Exposed Employee Opinion If the sharp had <i>no engineered sharps</i> injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____	8. Exposed Employee Opinion Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____
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9. Employee interview summary/comments