

SHARPS INJURY LOG

CSUCI Bloodborne Pathogen Exposure Program

Last Name of Employee

First Name of Employee

Position/Title

Department

Date and time of sharps incident

Type and brand of sharp

Department or work area where incident occurred

Procedure the employee was performing at the time of the incident

How the incident occurred

Body part involved

Did the sharp have an engineered injury protection mechanism?

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NO

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YES

If yes, was the protection mechanism activated?

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NO

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YES

If yes, did the injury occur before, during or after the protective mechanism was activated? _____

If the sharp did not have engineered injury protection, in the injured employee's opinion, would such a mechanism have prevented the injury?

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NO

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YES

Why or why not? _____

What other engineering, administrative or work practice controls might have prevented the injury?

EMPLOYEE SIGNATURE

DATE