



SHARPS INJURY LOG

The supervisor is to complete a log for each personnel exposure (to blood or other OPIM) incident involving a sharp. Complete this form for injuries related to occupational exposures.

Department:		Phone:		Date Completed:	
Supervisor Name: (Print)		Supervisor Signature:		Date Signed:	

Date of Injury:(Month-Day-Year)	
Time of Injury:	
Room Number:	
Was medical attention sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Facility:	

List the Type and Brand of Sharp Involved (if known):

Description of Location/Work Area Where Exposure Incident Occurred:

Description of the Exposure Incident Involving Sharps:
--

Body Part: (Check All That Apply) <input type="checkbox"/> Finger <input type="checkbox"/> Face/Head <input type="checkbox"/> Hand <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Other _____	Did the device being used have engineered sharps injury protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
	Was the protective mechanism activated? <input type="checkbox"/> Yes, Fully <input type="checkbox"/> Yes, Partially <input type="checkbox"/> No	<input type="checkbox"/> Yes, Fully <input type="checkbox"/> Yes, Partially <input type="checkbox"/> No
	Did the exposure incident occur? <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After Activation	<input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After Activation

<u>Exposed Person Opinion:</u> If sharp had no engineered sharps 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:	<u>Exposed Person Opinion:</u> 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:
---	--

Sharps Injury Log must be submitted to:
 Risk Management & Safety, University of Notre Dame, 636 Grace Hall, Notre Dame, IN
 46556 Phone: (574) 631-5037 Fax: (574) 631-8794 or email to

Approval Date: March 2015
 Revision Date: