

# SHARPS INJURY LOG

## Stanford University Environmental Health and Safety

**Instructions:**

1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is *received* by the:  
Stanford University Biosafety Officer  
Environmental Health & Safety  
ESF, 480 Oak Rd. - MC: 8007

Injured Employee ( <i>Last, First</i> )	Social Security #	Phone/E-Mail
Department	Supervisor (Last, First)	Phone/E-Mail

1. Date & Time of Injury	2. Location of incident	3. Body part injured
4. Job Classification of injured employee		5. Procedure being performed at time of injury
6. Describe how the incident occurred		
<b>7. Sharps Information:</b> a. Did the device being used have engineered sharps injury protection? (if yes, go on to question b & c below) <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 20px;"><input type="checkbox"/> No</span> <span style="margin-left: 20px;"><input type="checkbox"/> Don't know</span>		<b>Identify Sharp involved (if known)</b> Type: _____ Brand: _____ Model: _____ (e.g., 18g needle/ABC Medical/ "no stick" syringe)
b. Was the protective mechanism activated? <span style="margin-left: 20px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 20px;"><input type="checkbox"/> Yes-partially</span> <span style="margin-left: 20px;"><input type="checkbox"/> No</span>		
c. Did the exposure incident occur: <span style="margin-left: 20px;"><input type="checkbox"/> Before activation</span> <span style="margin-left: 20px;"><input type="checkbox"/> During activation</span> <span style="margin-left: 20px;"><input type="checkbox"/> After activation</span>		
8. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.		
9. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.		

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

**EH&S Comments/Follow-up (place additional comments on back)**

_____	_____
Signature	Date