

SHARPS INJURY LOG

Please complete a Log for each employee exposure incident involving a sharp.
Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

California State Univ. Long Beach		Department:	
1250 Bellflower Blvd.			
City:	Long Beach	State:	CA
		Zip Code:	90840
Date filled out:	By:	Phone Number:	

Date of injury	Time of injury	Optional
<input type="text"/> / <input type="text"/> / <input type="text"/> <small>month day year</small>	<input type="text"/> : <input type="text"/> <small><input type="radio"/> a.m. <input type="radio"/> p.m.</small>	Gender <input type="radio"/> Male <input type="radio"/> Female

Description of the exposure incident:

In what location did this injury occur?

Student Health Center

Academic Laboratory

PPFM Trades

PPFM Custodial

Institutional Research

Procedure: (Medically or Occupationally Related)

<input type="checkbox"/> Draw venous blood	<input type="checkbox"/> Cutting
<input type="checkbox"/> Injection, through skin	<input type="checkbox"/> Suturing
<input type="checkbox"/> Start IV/set up heparin lock	<input type="checkbox"/> Industrial use of Sharps
<input type="checkbox"/> Unknown/not applicable	<input type="checkbox"/> Occupational encounter with Sharp

Other _____

Did the exposure incident occur:

<input type="checkbox"/> During use of sharp	<input type="checkbox"/> Disassembling
<input type="checkbox"/> Between steps of a multistep procedure	
<input type="checkbox"/> After use and before disposal of sharp	
<input type="checkbox"/> While putting sharp into disposal container	
<input type="checkbox"/> Sharp left, inappropriate place (table, bed, etc.)	
<input type="checkbox"/> Other _____	

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 _____	

Identify sharp involved:
(if known)

Type: _____

Brand: _____

Model: _____

e.g., 18g. needle/ABC Medical™ "no stick" syringe

Did the device being used have engineered sharps injury protection?

Yes No Don't know

Was the protective mechanism activated?

Yes - fully Yes - partially No

Did the exposure incident occur:

Before During After activation

Exposed employee: If sharp had no engineered sharps injury protection, of you have an opinion that such a mechanism could have prevented the injury? Yes No

Explain:

Exposed employee: Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? Yes No

Explain: