

Town of Tiburon
SHARPS INJURY LOG

Supervisors: Complete for each employee exposure incident involving a sharp. This form is to be completed with the employee but not by the employee. Fill in the most appropriate boxes. A sharp includes, but is not limited to, needles, needle devices, scalpels, lancets, Exacto blades, and broken glass.

Injury ID #: _____ Date/time of Exposure _____
(Not the employee name) _____ Incident: _____

Job Classification/Title: _____ Department: _____

Where exposure occurred (*be specific*): _____

What procedure was being performed when the incident occurred?

Check all body parts that were involved:

Finger Hand Arm Face/Head Torso Leg Other: _____

Did the exposure incident occur?

During use of sharp Disassembling After use and before sharps container

While putting sharp into sharps container Sharp left in an inappropriate place

Other: _____

Identify sharp object involved:

Type: _____ Brand: _____ Model: _____

Was sharp injury protection device attached? Yes No

Was protective mechanism activated? Yes No

Did the exposure occur Before During After activation?

If the sharp had no engineered sharps injury protection, do you feel that such a mechanism could have prevented the injury? Yes No

What engineering, administrative, or work practice controls could have prevented this injury?

Attach this form to the IIPP Supervisors' Report of Injury and Illness investigation form.