Sharps Injury Report

Employee Name: __________________________

Date: __________________________

In what department or work area of the practice is this employee a member:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What type of injury occurred (specify brand and type of device)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did this incident occur? Are there possible solutions to keep this injury from happening again?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Has employee been advised of exposure guidelines? What types of testing arrangements have been discussed? Has counseling been discussed?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Upon the completion of this form, ensure that the employee that has suffered the sharps injury is properly tested according to the bloodborne pathogens regulation. If responses to the questions above take up more than space allowed, use the back of the form and note this on the front.

________________________________________________________________________

Signature of supervisor completing this form

Date: __________________________

Note: one copy of this form is to be forwarded to the Director of Corporate Compliance & Regulatory Affairs; one copy is to be retained by the Departmental Administrator