

**WVU Physicians of Charleston  
OSHA Policies and Procedures**

**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**