### Injury Information

1. Building & room number where injury occurred: __________________________________________

2. Date injury was reported: __________ By: ____________________ Phone: ____________________

3. Date of injury: __________ Time of injury: __________ Age of injured: _____ Sex of injured: ☐M ☐ F

4. Type of sharp involved: ___________________________ Brand name of sharp: ___________________________
   (e.g. 20-gauge needle disposable syringe, vacuum tube blood collection holder/needle, pin, razor, glass slide, etc)
   Sharp can be classified as a: ☐ needle ☐ surgical instrument (non-glass) ☐ glass

5. Original intended use of sharp: __________________________________________

6. Did the injury occur: ☐ before ☐ during ☐ after the sharp was used for its intended purpose

7. How did the injury occur? __________________________________________

8. Did the device being used have engineered sharps injury protection? ☐ yes ☐ no ☐ do not know
   1. Was the protective mechanism activated? ☐ yes ☐ no ☐ do not know
   2. Did the exposure incident occur: ☐ before ☐ during ☐ after activation of the protective mechanism

9. Was the injured person wearing gloves? ☐ yes ☐ no ☐ do not know

10. Had the injured person completed a hepatitis B vaccination series? ☐ yes ☐ no ☐ do not know

11. Was there a sharps container readily available for disposal of the sharp? ☐ yes ☐ no ☐ do not know
    Did the sharps container provide a clear view of the level of contaminated sharps? ☐ yes ☐ no ☐ do not know

12. Had the injured person received training on the exposure control plan and bloodborne pathogens in the 12 months prior to the incident? ☐ yes ☐ no

13. Involved body part (check one box): ☐ hand ☐ arm ☐ leg/foot ☐ face/head/neck ☐ torso (front or back)
Additional Information

14. Employment status of injured person (check one box):

☐ employee  ☐ student  ☐ contractor/contract employee ☐ volunteer  ☐ other: __________

15. Work area where sharps injury occurred: __________

16. Exposed personnel: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented this injury? ☐ yes  ☐ no

Please explain: ________________________________________________________________

____________________________________________________________________________

17. Exposed personnel: Do you have an opinion that any other engineering, administrative, or workplace control could have prevented the injury? ☐ yes  ☐ no

Please explain: ________________________________________________________________

____________________________________________________________________________

18. comments: ________________________________________________________________

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