

Sharps Injury Log

Instructions:

- Complete this 2-page Log for each employee exposure incident involving a sharp.
- Make a copy for your own records.
- Send to EHS within 14 days of the incident. Hand deliver to RSS Bldg Room 115, fax to 843-953-3927, or email to beaverr@cofc.edu.

Full Name of Injured: _____ Job classification: _____

CWID#: _____ Email: _____

Supervisor's Full Name: _____ Telephone#: _____

Department: _____ Location of Incident (Building/Room#): _____

Date of Injury: _____ Time of Injury: _____

1. Procedure being performed at time of injury:

2. Describe how the incident occurred (attach another sheet if needed):

3. Provide the following sharps information:

a) Did the device being used have engineered sharps injury protection? (if yes, go on to question b & c below) Yes No Don't Know

b) Was the protective mechanism activated? Yes Yes-partially No

c) Did the exposure incident occur: Before activation During activation After activation

