College of Charleston

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 performe | ed at time of injury: | |
| | | |
| 2. Describe how the incident | occurred (attach another sheet if needed): | |
| | | |
| 3. Provide the following sharp | os information: | |
| a) Did the device being used habelow) | ave engineered sharps injury protection? (if yes, go on to question b & c | |
| b) Was the protective mechanis | m activated? Yes Yes-partially No | |
| c) Did the exposure incident occ | cur: Before activation During activation After activation | |

| d) Identify Sharp (if known) | as follows: | |
|--|--------------------------|---|
| Гуре | Brand | |
| (e. g. 18g needle/AB | C Medical/ "no stick" sy | ringe) |
| 4. If the sharp had no eng | jineered sharps injury | protection, injured employee's opinion as to |
| whether and how such a r | nechanism could have | e prevented the injury: |
| | | |
| | | |
| | | |
| F Initional constants on the | | |
| Injured employee's opilipractice controls that cou | | e any other engineering, administrative or work |
| practice controls that coa | ia nave prevented the | |
| | | |
| | | |
| | | |
| | | |
| Employee Signature: | | Date: |
| | | |
| EH&S Comments/ Follow- | -un (attach another she | et if needed) |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Signature | | Date |