

SHARPS INJURY LOG

Saginaw Valley State University Campus Facilities-EH&S

Instructions:

1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 10 days of the injury ensure that the completed form is *received by* the:

SVSU Human Resources Office

7400 Bay Rd., University Center, MI 48710

Injured Employee <i>(Last, First)</i>	Telephone #	E-Mail
Department	Supervisor (Last, First)	Phone/E-Mail

1. Date & Time of Injury	2. Location of incident	3. Body part injured
4. Job Classification of injured employee		5. Procedure being performed at time of injury
6. Describe how the incident occurred		
7. Sharps Information: a. Did the device being used have engineered sharps injury protection? (if yes, go on to question b & c below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		Identify Sharp involved (if known) Type: _____ Brand: _____ Model: _____ <small>(e.g., 18g needle/ABC Medical/ "no stick" syringe)</small>
b. Was the protective mechanism activated? <input type="checkbox"/> Yes <input type="checkbox"/> Yes-partially <input type="checkbox"/> No		
c. Did the exposure incident occur: <input type="checkbox"/> Before activation <input type="checkbox"/> During activation <input type="checkbox"/> After activation		
8. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.		
9. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.		

Employee Signature

Date

Campus Facilities-EH&S Comments/Follow-up (place additional comments on back)

_____	_____
Signature	Date