

# SHARPS INJURY LOG

College of Saint Benedict | Saint John's University  
Environmental Health and Safety

**Instructions:**

1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is *received* by:  
     College of Saint Benedict           or   Saint John's University  
     Environmental Health & Safety       Environmental Health & Safety  
     CSB Richarda P1                        SJU Quad 127

Injured Employee (Last, First)	Social Security #	Phone/E-mail
Department	Supervisor (Last, First)	Phone/E-mail

1. Date & Time of Injury	2. Location of incident	3. Body part injured
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4. Job Classification of injured employee	5. Procedure being performed at time of injury
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6. Describe how the incident occurred

<p><b>7. Sharps Information</b>  <b>Did the device being used have engineered sharps injury protection? (If yes, go on to question b &amp; c below)</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No           <input type="checkbox"/> Don't Know         </p> <p><b>a. Was the protective mechanism activated?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes           <input type="checkbox"/> Yes-partially           <input type="checkbox"/> No         </p> <p><b>b. Did the exposure incident occur:</b></p> <p style="text-align: center;"> <input type="checkbox"/> Before activation   <input type="checkbox"/> Before activation   <input type="checkbox"/> After activation         </p>	<p><b>Identify Sharp Involved (if known)</b></p> <p>Type: _____</p> <p>Brand: _____</p> <p>Model: _____</p> <p>(eg., 18g needle/ABC Medical/ "no stick" syringe)</p>
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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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

_____ Signature	_____ Date
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