

Sharps Injury Log for University Of North Dakota, 2015

Complete all sections of this form. A copy of this form will be kept on file by the Supervisor/Principal Investigator/Instructor and the Office of Safety according to UND's Record Retention Policy after the incident.

Case/Report number: _____ Date filed: _____

Injured Employee/Student Click here to enter text.	Department Click here to enter text.	Phone Click here to enter text.
Date and Time of Injury Click here to enter text.	Job title of Employee/Student Click here to enter text.	Location where incident occurred Click here to enter text.
Body Part Injured Click here to enter text.	Type of Device (e.g. syringe, suture needle) and Brand and Model Click here to enter text.	
Brief Description of How the Incident Occurred [i.e., action being performed (disposal, injection, etc.), substances involved, body part injured]: Click here to enter text.		
a) Did device have engineered sharps protection? Click here to enter text.	b) Was protection mechanism activated at time of injury? Click here to enter text.	c) Exposure occurred: <input type="checkbox"/> Before safety device activation <input type="checkbox"/> During safety device activation <input type="checkbox"/> After safety device activation
If the sharp did not have engineered sharps protection, describe employee's/student's opinion as to whether and how such a mechanism could have prevented this injury. Click here to enter text.		
Injured employee's/student's opinion as to whether there are any other work practice controls or sharps devices that could have prevented this injury. Click here to enter text.		
Did employee/student receive medical consultation and follow up? Click here to enter text.	Other comments. Click here to enter text.	

Employee/Student Signature

Date

Supervisor Signature

Date

Retain a copy for the employee file, and submit a copy to UND Office of Safety.