



COUNTY OF SACRAMENTO

SHARPS INJURY LOG

Check the one box corresponding to the most appropriate answer. Complete all areas. Please print legibly.

Incident Number:	Date and Time of Exposure Incident:	<input type="checkbox"/> a.m.	(Optional)	<input type="checkbox"/> Male
	(dd/mm/yyyy):	Time:	<input type="checkbox"/> p.m.	Age:
				<input type="checkbox"/> Female

Department: _____ Division: _____

Address: _____ Page _____ of _____

Date filled out: _____ by: _____ Phone number: _____

Description of the exposure incident: _____

Job Classification:

MD Nurse Maintenance

Medical Assistant Custodial

Dentist Housekeeper/Laundry

Phlebotomist/Lab Technician

Law Enforcement

Volunteer, type _____

Other _____

Department/Location of incident:

Patient Room Vehicle

Procedure Room Home

Clinical Laboratory

Medical/Outpatient Clinic

Correctional Facility

Service/Utility Area

Other _____

Procedure being performed:

Draw venous blood Cutting

Draw arterial blood Suturing

Injection, through skin Search (Law Enforcement)

Start IV/setup heparin lock Confrontation

Unknown/not applicable Trash Pickup

Other _____

Did the exposure incident occur:

During use of sharp Disassembling

Between steps of a multi-step procedure

After use and before disposal of sharp

While putting sharp into disposal container

Sharp left in inappropriate place (table, bed, etc.)

Other _____

Body Part:

Finger Face/Head

Hand Torso

Arm Leg

Other _____

Identify Sharp Involved: (if known)

Type: _____

Brand: _____

Model: _____

e.g., 18g needle, ABC Medical, "no stick" syringe

Did the device used have engineered sharps injury protection?

Yes No Don't know

Was the protective mechanism activated?

Yes –Fully Yes-Partially No

Did the exposure incident occur _____ activation? Before During After

Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? Yes No

Explain: _____

Exposed Employee: Do you have an opinion as to whether any other engineering, administrative or work practice control could have prevented the injury? Yes No

Explain: _____

1. A separate Log must be completed for each exposure incident within 14 days of the date the incident is reported to the employer.
2. The Sharps Injury Log shall be maintained by the department for a period of 5 years from the date the exposure incident occurred.
3. Complete Workers' Compensation forms and forward to Workers' Compensation, mail code 58-600.