

SHARPS - INJURY REPORT

Chapman University Environmental Health and Safety

Instructions:

1. Complete all sections of this form . Use this form for Sharps or any other exposure ;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is *received* by the:
Chapman University Risk Management Department
ATTN: Environmental Health & Safety Specialist
111 Memorial Dr. (Office of VP of Finance/CFO)

Injured Employee (<i>Last, First</i>)	Employee ID Number	Phone/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: _____ (e.g., 18g needle/ABC Medical/ "no stick" syringe)
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

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

_____	_____
Signature	Date

Incident Log

Chapman University has established this sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information listed below shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. Sharps and non-sharps incidents should be recorded.

Date	Type and Brand of Device	Department/Area where Incident Occurred	Explanation of how Incident Occurred