## Sharps Injury Log

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Department</th>
<th>Position</th>
<th>Location of incident</th>
<th>Body part injured</th>
<th>Device type</th>
<th>Device brand</th>
<th>How injury occurred</th>
<th>Device had protective mechanism?</th>
<th>Injury occurred before, during or after activation of mechanism?</th>
<th>Employee's opinion: Could injury have been prevented by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Safety device?</td>
<td>Other control?</td>
</tr>
</tbody>
</table>

Yes [ ] No [ ]
Before [ ] During [ ] After [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]

Before [ ] During [ ] N/A [ ]