APPENDIX VI

Sharps Injury Log

Date and time	Department	Position	Location of incident	Body part injured	Device type	Device brand	How injury occurred	Device had protective mechanism?	Injury occurred before, during or after activation of mechanism?	Employee's opinion: Could injury have been prevented by:	
										Safety device?	Other control?
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		
	1						İ	Yes []	Before [] After []		
								No []	During [[N/A []		
	1							Yes []	Before [] After []		
								No []	During [[N/A []		
								Yes []	Before [] After []		
								No []	During [[N/A []		