

**MICHIGAN STATE UNIVERSITY**

140 Nisbet Building  
1407 South Harrison Road  
East Lansing, MI 48823-1229

**SHARPS INJURY LOG**

**Please complete a log for each employee exposure incident involving a sharp.**

Name of Claimant: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  Male  Female  
 Department: \_\_\_\_\_ Building and area of injury: \_\_\_\_\_  
 Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ a.m or p.m

**Fill in the one circle corresponding to the most appropriate answer.**

<b>Description of the exposure incident:</b> _____ _____ _____ _____ _____ _____		<b>Job classification:</b> <input type="radio"/> MD <input type="radio"/> Nurse <input type="radio"/> Medical assistant <input type="radio"/> Phlebotomist/Medical Lab Tech <input type="radio"/> Housekeeper/Laundry <input type="radio"/> Research Lab Tech <input type="radio"/> Student, type _____ <input type="radio"/> Other _____		<b>Department/Location:</b> <input type="radio"/> Patient Room <input type="radio"/> Procedure room <input type="radio"/> Clinical laboratory <input type="radio"/> Research laboratory <input type="radio"/> Medical/outpatient clinic <input type="radio"/> Service/utility area <input type="radio"/> Other _____	
<b>Procedure:</b> <input type="radio"/> Draw venous blood <input type="radio"/> Heparin/saline flush <input type="radio"/> Draw arterial blood <input type="radio"/> Cutting <input type="radio"/> Injection, through skin <input type="radio"/> Suturing <input type="radio"/> Start IV/set up heparin lock <input type="radio"/> Unknown/not applicable <input type="radio"/> Other _____			<b>Did the exposure incident occur:</b> <input type="radio"/> During use of sharp <input type="radio"/> Disassembling <input type="radio"/> Between steps of a multistep procedure <input type="radio"/> After use and before disposal of sharp <input type="radio"/> While putting sharp into disposal container <input type="radio"/> Sharp left in an inappropriate place (table, bed, etc.) <input type="radio"/> Other _____		
<b>Body Part:</b> (check all that apply) <input type="radio"/> Finger <input type="radio"/> Face/head <input type="radio"/> Hand <input type="radio"/> Torso <input type="radio"/> Arm <input type="radio"/> Leg <input type="radio"/> Other _____		<b>Identify sharp involved:</b> (if known) Type: _____ Brand: _____ Model: _____ e.g. 18g needle/ABC Medical/"no stick" syringe		<b>Did the device being used have engineered sharps injury protection?</b> <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know <b>Was the protective mechanism activated?</b> <input type="radio"/> yes-fully <input type="radio"/> yes-partially <input type="radio"/> no <b>Did the exposure incident occur:</b> <input type="radio"/> before <input type="radio"/> during <input type="radio"/> after activation	
<b>Exposed employee:</b> If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? <input type="radio"/> YES <input type="radio"/> NO Explain: _____ _____			<b>Exposed employee:</b> Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? <input type="radio"/> YES <input type="radio"/> NO Explain: _____ _____		

**This form will be completed by the Office of Radiation, Chemical and Biological Safety (ORCBS) through interviews and maintained in the Human Resources department.**