

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Classification (check one): Faculty Post Doc Grad Student Undergrad Student
 Other (explain): _____

Department: _____ **Laboratory Supervisor:** _____

Date filled out: _____ **Date of Injury:** _____ **Time of Injury:** _____

Where did the injury take place? Building: _____ **Room Number:** _____

Description of the exposure incident:

<p>Procedure:</p> <p><input type="checkbox"/> Draw venous blood <input type="checkbox"/> Not Applicable <input type="checkbox"/> Draw arterial blood <input type="checkbox"/> Unknown <input type="checkbox"/> Injection <input type="checkbox"/> Other: _____</p>	<p>When did the exposure occur: (check all that apply)</p> <p>During the use of sharp <input type="checkbox"/> Disassembling <input type="checkbox"/> Between steps of a multistep procedure <input type="checkbox"/> After use and before the disposal of sharp <input type="checkbox"/> While putting sharp into disposal container <input type="checkbox"/> Sharp left in an inappropriate place <input type="checkbox"/> Other: _____</p>
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<p>Body Part (check all that apply):</p> <p><input type="checkbox"/> Finger <input type="checkbox"/> Face/Head <input type="checkbox"/> Hand <input type="checkbox"/> Torso <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Other: _____</p>	<p>Identify Sharp Involved:</p> <p>Type: _____ Brand: _____ Model: _____ e.g., 18g needle/ABC Medical/ "No Stick" Syringe</p>	<p>Did this device being used have engineering sharps injury protection? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Was the protective mechanism activated? Yes-Fully <input type="checkbox"/> Yes-Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did the exposure incident occur: Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/> activation</p>
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<p>Question 1: If the sharp did not have an "engineered sharps injury" device on the sharp, do you have an opinion on whether this mechanism would have prevented this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____ _____ _____</p>	<p>Question 2: Do you have an opinion that other engineering, administrative, or work practice controls could have prevented this injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____ _____ _____</p>
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