OSU Exposure Control Plan

Appendix B: Sharps Injury Log

Name:_________________________________OSU ID Number:_________________________

Date of Birth:_________________________Department:_________________________________

Date of Injury:_________________________Time of Injury:______________________________

Procedure: 
___ Draw venus blood
___ Draw arterial blood
___ Injection through skin
___ Start IV/set up heparin lock
___ Heparin/Saline Flush
___ Cutting
___ Suturing
___ Other:_____________________________

Exposure event occurred during: 
___ During use of sharp
___ Between steps of a multistep procedure
___ After use and before disposal of sharp
___ While putting sharp into disposal container
___ Sharp left in an inappropriate place (table, bed, etc.)
___ Disassembling
___ Other:_____________________________

Body Part: 
___ Finger
___ Hand
___ Arm
___ Face/Head
___ Torso
___ Leg
___ Other:_____________________________

Identify Sharp Involved: 
Type:_________________________________

Brand:_________________________________

Model:_________________________________

Did the device being used have engineered sharps injury protection? ___ Yes ___ No

Was the protective mechanism activated? ___ Yes ___ No

Did the exposure event occur ___before ___during ___after activation?

Exposed Employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? ___Yes ___ No

Explain:__________________________________________________________________________

Exposed Employee: Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury? ___Yes ___ No

Explain:__________________________________________________________________________

Note: The exposed employee’s supervisor must submit this form to the EH&S Biosafety Officer (100 Oak Creek Building, 3015 SW Western Blvd, Corvallis, Oregon 97331 or via EHS@oregonstate.edu with Biosafety Officer in the email subject line). The supervisor must also submit a Report of Accident/Illness Form to the Office of Human Resources: https://oregonstate2-gme-advocate.symplicity.com/public_report/index.php/pid211499