

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 venous 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