City of Somerset

EXPOSURE / SHARPS INCIDENT REPORT

NOTE: Completely fill this report out for each employee incident in addition to the Incident Report.

Department:			Supervisor:	
Date Submitted (mm/dd/	yy):			
Gender: Male Female			Date of Birth (mm/dd/yy):	
Date of Incident (mm/dd/yy):			Time of Injury (24 hour: hh:mm):	
Description of the exposure incident (include PPE in use at time of exposure):				
FOR SHARPS INCIDENT, COMPLETE ALL SHADED AREAS. Procedure Being Performed at Time of Incident: Incident Occurred: (Check All That Apply)				
Procedure Being Performed at Time of Incident: (Check All That Apply)			During use of sharp	
Draw venous blood Cutting			Disassembling	
Heparin/saline flush Suturing			Between steps of a multistep procedure	
Draw arterial blood Injection through skin			After use and before disposal of sharp	
Start IV/set up heparin lock			While putting sharp into disposal container	
Handle medical waste			Sharp left in inappropriate place (table, bed, trash,	
Provide First Aid/CPR			etc.)	
Other:			Other:	
Body Part: (Check All	Identify sharp involved (if		Did the device being used	Yes
That Apply)	known):		have engineered sharps	No
Finger	Type:		injury protection?	Don't know
Face/Head	Brand:		W d	Yes, Fully
Hand	Model: Lot No.:		Was the protective mechanism activated?	Yes, Partially
Torso			No	
Arm	(EXAMPLE: "18ga. needle", "ABC Medical", "no stick syringe", "lot #101")		Did the exposure incident	Before Activation
Leg			occur?	During Activation
Other:				After Activation
Sharps Incident Employee Opinion: If sharp had no engineered sharps injury protection, do you have an				
opinion that such a mechanism could have prevented the incident? Yes No				
Explain:				
Exposure Incident Employee Opinion: Do you have an opinion that any other engineering, administrative or				
work practice control could have prevented the incident? Yes No				
Explain:				
Did employee seek medical attention? Yes No				
Health Care Facility: Facility Pho				
IMPORTANT: MAKE SURE "OUTLOOK" IS STILL OPEN.				
THE DEVICE VALUE CORE OF THE LABOR DEPORT OF THE LABOR DEPORT				

*** REVIEW YOUR FORM, THEN CLICK ON THE LARGE RED BUTTON AT RIGHT TO EMAIL TO THE H.R.MANAGER & SAFETY COORDINATOR.

*** PLEASE COPY YOUR DEPARTMENT MANAGER IN YOUR EMAIL.