

Scotts Valley Fire District

Sharps Injury Log Addendum

Injured Employee: <i>(Last, First)</i>	Employee Rank	Today's Date
Fire Incident #	PCR #	Date & Time of Injury:

Did the device in use have engineered sharps injury protection? Yes No

Type of Device involved in exposure: *(e.g., 18g needle/"no stick" syringe)* _____

Brand and Model of Device: _____

Was the protective mechanism activated? Yes Yes, partially No

Did the exposure occur before, during or after activation? Before During After

When did the exposure incident occur? (check one)

- During use of sharp
- Between steps of a multi-step procedure
- After use and before disposal of sharp
- While putting sharp into disposal container
- Sharp left in inappropriate place
- Overfilled sharps container
- Disassembling
- Other _____

Location where exposure occurred: _____

Procedure being performed at the time of the incident: _____

Body part involved in the injury: _____

Circumstances of the exposure: _____

Engineering controls / work practices / protective equipment / safety devices in use at time of the incident: _____

What can be done to prevent this type of injury from recurring? _____

Date Corrective Action Taken: _____

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Copies to: Workers Comp Safety Officer Employee