

**I. EXPOSED EMPLOYEE INFORMATION:**

Exposed Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Job Classification: \_\_\_\_\_

**II. EXPOSURE INCIDENT INFORMATION:**

1. Date & Time of exposure incident: \_\_\_\_\_
2. Type and Brand of sharp involved in the exposure incident: \_\_\_\_\_
3. Department of work area where the exposure incident occurred: \_\_\_\_\_
4. Procedure that the exposed employee was performing at the time the incident occurred:  
\_\_\_\_\_
5. How did the incident occur? \_\_\_\_\_
6. What was the body part involved in the exposure? \_\_\_\_\_
7. Did the sharp have engineering sharp's injury protection?

NO - (Proceed to question #8)

YES – Was the protective mechanism activated?    YES                  NO

Did the injury occur before, during or after the protective mechanism was activated?

BEFORE                          DURING                          AFTER

8. If the sharp did not have an engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.  
\_\_\_\_\_
9. The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury:  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_