Date: ________________________ Time: ____________

Type and brand of sharp involved in exposure incident: ______________________

Description of exposure incident and how it occurred: ______________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Job classification of exposed employee (if known): ______________________

Dept/work area where exposure incident occurred: ______________________

Procedure exposed employee was performing at time of incident: ______________________

Part of body injured/exposed in incident: ______________________

Did the implement have sharps-injury protection engineering? _____ yes _____ no

If yes, was protective mechanism activated at time of injury? _____ yes _____ no

When did injury occur in relation to activation of protective mechanism? Before_____ After_____
During ______

In your opinion, could any mechanism, engineering, or work practice have protected you from this injury? _____ yes _____ no

If yes, how so? ____________________________________________________________

PLEASE SUBMIT A COPY OF THIS FORM TO STUDENT HEALTH SERVICES WITHIN 1 WEEK OF INJURY OR EXPOSURE TO BBPs.

SHS will be contacting you to set up or have a confidential conversation about this incident. Our goal is to identify potential improvements in clinical processes and reinforce safe clinical practices and procedures.

Name: ___________________________ Phone: ___________________________

Email address: ______________________________