

SHARPS INJURY FORM

**University of Southern California
Environmental Health and Safety**

Instructions:

1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is *received* by the:
 USC Biosafety Officer
 Environmental Health & Safety
 CHP 148, HSC MC 9005

Injured Employee (<i>Last, First</i>)	USC Employee #	Phone/E-Mail
Department	Supervisor (Last, First)	Phone/E-Mail

1. Date & Time of Injury	2. Location of incident	3. Body part injured
4. Job Classification of injured employee		5. Procedure being performed at time of injury
6. Describe how the incident occurred		
7. Sharps Information: a. Did the device being used have engineered sharps injury protection? (if yes, go on to question b & c below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		Identify Sharp involved (if known) Type: _____ Brand: _____ Model: _____ (e.g., 18g needle/ABC Medical/ "no stick" syringe)
b. Was the protective mechanism activated? <input type="checkbox"/> Yes <input type="checkbox"/> Yes-partially <input type="checkbox"/> No		
c. Did the exposure incident occur: <input type="checkbox"/> Before activation <input type="checkbox"/> During activation <input type="checkbox"/> After activation		
8. If the sharp had no engineered sharps injury protection, injured employee's opinion as to whether and how such a mechanism could have prevented the injury.		
9. Injured employee's opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.		

Employee Signature

Date

EH&S Comments/Follow-up (place additional comments on back)

_____	_____
Signature	Date