

SHARP INJURY RECORD

FOR USE OF THIS FORM, SEE USMEPCOM REG 40-9

1. Date of injury :

2. Type of device involved (i.e. syringe, needle, etc)

3. Brand of device involved:

4. Area where incident occurred:

5. Protective equipment or clothing that was used at the time of the exposure incident (i.e. syringe, needle, etc.):

6. Explanation of what procedure was being performed when incident occurred:

7. Were engineering controls in use at the time? Y / N (circle one)

8. Date of Initial Blood Borne Pathogen Training: _____

9. Date of Annual Blood Borne Pathogen Training: _____

10. Any unusual occurrence (e.g. , equipment failure, power outage): _____

11. Vaccines Verified: Tetanus/Date _____

HEP B/Date _____

MEPS: _____

Name of Supervisor: _____

Phone #: _____

Signature of Employee: _____

Date: _____