

POST EXPOSURE EVALUATION REPORT, SHARPS INJURY LOG

To be filled out by the *exposed* individual, then given to the Exposure Control Officer

General Information

Full name:	DOB:
Date:	
Street Address:	
Sex (circle one): Male Female Other	Name of Personal Physician:
For employees – Date hired:	Job title:

Incident Information

Date and time of Injury: ____/____/20____ :____ AM PM

Where did the incident occur? (include building and room)

Describe the injury, including affected body part: _____

What potentially infectious materials were involved in the incident – type and source of material?

What was the exposed person doing just before the incident occurred? How did the injury occur? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. (Examples: during the use of a sharp, between steps of a multistep procedure, after use and before disposal of a sharp, while putting sharp into a disposal container, sharp left in an inappropriate place, disassembling, etc)

What PPE was being used at the time of the incident? _____

Sharp involved (type, brand, model): _____

Did the device being used have engineered sharps injury protection? **YES NO Don't know**

If **NO**, do you have an opinion that such a mechanism could have prevented the injury? **YES NO**

Explain: _____

If **YES**, was the protective mechanism activated? **YES NO Don't know**

If **YES**, did the exposure occur before, during or after activation? _____

Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury?

Action taken as a result of the incident (circle all appropriate):

Employee decontamination

Cleanup

Supervisor notified

If you received any treatment outside of NUNM, where was it?

Facility: _____

Street Address: _____

To be completed by the exposure control officer:

Incident summary and recommendations:

Investigating supervisor name: _____

Investigating supervisor signature: _____ Date: _____

The information contained in this document satisfies information needed for FORM 300 (Log of Work-Related Injuries and Illnesses), FORM 301 (Injury and Illness Incident Report), Post Exposure Evaluation Report, and Sharps Injury Log