



30 W. Spring St., 25th Floor Columbus, OH 43215-2256 614-644-2246 or 800-671-6858 Fax: 614-621-5754

Instructions: This form is to be used to report needlestick or sharps injuries by personnel in your organization responsible for reporting such incidents to the Public Employment Risk Reduction Program. It is preferred that the public employer submit all forms via the Internet.

Public employer information

1) Employer: 2) Facility: Risk #: 3) Address: 4) City: 5) State: OH 6) ZIP code: 7) County: Address of reporter if different from facility where injury occurred (no P.O. boxes): 8) Date reported: By: Phone:

Injury information

9) Date of injury: 10) Time of injury: 11) Age of injured: 12) Sex of injured: Male Female 13) Type of Sharp: Needle Surgical instrument (non glass) Glass 14) Brand (write brand name or "unknown"): 15) Model number: 16) Job classification of injured person: 17) Employment status of injured person: 18) Type of location/facility/agency where sharps injury occurred: 19) Work area where sharps injury occurred (select best choice): 20) Original intended use of sharp:

Injury information - continued

- 21) When did injury occur? Before After During ...the sharp was used for its intended purpose.
- 22) If the exposure occurred "during" or "after" the sharp was used, was it: Because the injured was bumped during the procedure
 Because the item was placed in an inappropriate place (e.g. table/bed/trash)
 During OR procedure reaching for or passing instrument While disassembling
 While the sharp was being placed in a container While recapping Other
- 23) Involved body part: Arm (but not hand) Face/head/neck Hand Leg/foot Torso (front or back)
- 24) Did the device being used have any engineered sharps injury protection? Yes No Don't Know
- 25) Was the protective mechanism activated? Yes No Don't Know
- 26) Was the injured person wearing gloves? Yes No Don't Know
- 27) Had the injured person completed a hepatitis B vaccination series? Yes No Don't Know
- 28) Was there a sharps container readily available for disposal of the sharp? Yes No Don't Know
- 29) Had the injured person received training on the exposure control plan in the 12 months prior to the incident? Yes No Don't Know
- 30) Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?

Yes No

Explain: _____

- 31) Exposed employee: Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?

Yes No

Explain: _____



**Bureau of Workers'
Compensation**

**Division of Safety and Hygiene
Public Employment Risk Reduction Program**
30 W. Spring St., 25th Floor
Columbus, OH 43215-2256
614-644-2246 or 800-671-6858
Fax: 614-621-5754