

Sharps Injury and Exposure Documentation Form

Date of Incident:

Time of Incident:

Location of Incident:

Name of Exposed Person:

Job Title:

Type of Exposure:

Description of the Incident:

Name of Source Patient (if known):

Action Taken (First Aid, Reporting, etc.):

Witnesses (if any):

Reported to (Supervisor/Manager):

Date Reported:

Submit