

Staff Needle Stick/Exposure Event Form

Staff Name:

Employee ID:

Date of Event:

Time of Event:

Department/Unit:

Location of Event:

Describe the Event:

Type of Exposure:

☐ Needle Stick

☐ Sharps Injury

☐ Splash

☐ Other

Immediate Actions Taken:

Reported to Supervisor:

Witnesses (if any):

Signature:

Date Submitted:

Submit