***CHERRYFIELD SCHOOL DEPARTMENT***

***NEPN/NSBA CODE: GBGAA-E7***

**SHARPS INJURY LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

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| **FOR THE OFFICE OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date** **&** **Time** | **Type and Brand Name of Sharps** | **Job Classification Dept. or Work Area** | **Task Being Performed** | **Body** **Part** **Injured** | **Comments\*** |
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\*Under comments, include if protective device was in use or had not been activated. Add injured employee’s comments if a different device would have prevented the injury and what other controls may have helped prevent the injury**. DO NOT INCLUDE EMPLOYEES’ NAMES. THIS INFORMATION** **IS CONFIDENTIAL**. Use this form for evaluation purposes.

**NOTE**: An Exposure Incident Report must also be completed.

DATE ADOPTED: January 13, 2015

Page 1 of 1