For Period Ending: _____ / _____ / _____

STATE OF CALIFORNIA CAL/OSHA SHARPS INJURY LOG*

Company Name: _____

Date Entered / Incident / Time	Type and Brand of Device Involved:	Job Classification of Exposed Employee	Department or Work Area Where Exposure Incident Occurred:	Procedure Performed by Employee at Time of Incident:	How Incident Occurred:	Body Part Involved in Incident:	Protection questions
Date Entered: _____ / _____ / _____ **Date Incident Occurred:** _____ / _____ / _____ Month Day Year **Time Incident Occurred:** _____:_____ ☐ AM ☐ PM Hour Min.							Did the sharp have engineered sharps injury protection? ☐ Yes ☐ No If Yes, was the protective mechanism activated? ☐ Yes ☐ No Did the injury occur before the protective mechanism was activated, after it was activated, or during activation? ☐ Before ☐ After ☐ During If the sharp did not have engineered sharps injury protection, the employee should give an opinion as to whether and how such a mechanism could have prevented the injury. The employee should give an opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.
Date Entered: _____ / _____ / _____ **Date Incident Occurred:** _____ / _____ / _____ Month Day Year **Time Incident Occurred:** _____:_____ ☐ AM ☐ PM Hour Min.							Did the sharp have engineered sharps injury protection? ☐ Yes ☐ No If Yes, was the protective mechanism activated? ☐ Yes ☐ No Did the injury occur before the protective mechanism was activated, after it was activated, or during activation? ☐ Before ☐ After ☐ During If the sharp did not have engineered sharps injury protection, the employee should give an opinion as to whether and how such a mechanism could have prevented the injury. The employee should give an opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.
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* Referred to in §5193(c)(2). • Retain until _____ / _____ / _____ (5 years after the end of the current year- see §5193(h)(3))