



Supplemental Information to Exposure Incident Reporting Form

The following information, if known or reasonably available, will be documented by EHS within 14 working days of the date on which each exposure incident was reported.

1. Employee Name: _____

2. Date of exposure incident report: _____ Report written by: _____

3. Type and brand of sharp involved: _____

4. Procedure being performed by the exposed employee at the time of the incident:

5. Did the device involved have engineered sharps injury protection? Yes (✓) _____ No (✓) _____

6. Was engineered sharps injury protection on the sharp involved? Yes (✓) _____ No (✓) _____

7. Does the injured employee believe that if activated at the time of the exposure a protective mechanism could have prevented the incident? Yes (✓) _____ No (✓) _____

Or prevented the injury? Yes (✓) _____ No (✓) _____

8. Did the injury occur _____ before, _____ during, _____ or after the mechanism was activated?

Comments: _____

9. Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes (✓) _____ No (✓) _____

Employee's opinion:

10. Comments on the exposure incident (e.g., additional relevant factors involved):

11. Employee interview summary:

12. Picture(s) of the sharp(s) involved (please attach if available): Yes (✓) _____ N/A (✓) _____