# SHARPS INJURY FORM
University of Southern California
Environmental Health and Safety

**Instructions:**
1. Complete all sections of this form;
2. Make a photocopy for your own records; and
3. Within 14 days of the injury ensure that the completed form is received by the:
   USC Biosafety Officer
   Environmental Health & Safety
   CHP 148, HSC MC 9005

<table>
<thead>
<tr>
<th>Injured Employee (Last, First)</th>
<th>USC Employee #</th>
<th>Phone/E-Mail</th>
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<tr>
<th>Department</th>
<th>Supervisor (Last, First)</th>
<th>Phone/E-Mail</th>
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1. Date & Time of Injury  
2. Location of incident  
3. Body part injured

4. Job Classification of injured employee  
5. Procedure being performed at time of injury

6. Describe how the incident occurred

7. Sharps Information:
   a. Did the device being used have engineered sharps injury protection? (if yes, go on to question b & c below)
      - Yes
      - No
      - Don’t know
   
   b. Was the protective mechanism activated?
      - Yes
      - Yes-partially
      - No
   
   c. Did the exposure incident occur:
      - Before activation
      - During activation
      - After activation

Identify Sharp involved (if known)
Type: __________________________
Brand: __________________________
Model: __________________________
(e.g., 18g needle/ABC Medical/ "no stick" syringe)

8. If the sharp had no engineered sharps injury protection, injured employee’s opinion as to whether and how such a mechanism could have prevented the injury.

9. Injured employee’s opinion as to whether there are any other engineering, administrative or work practice controls that could have prevented the injury.

__________________________   _______________
Employee Signature                                            Date

EH&S Comments/Follow-up (place additional comments on back)

__________________________   _______________
Signature                                            Date