Office of Safety
3851 Campus Road, Stop 9031
Grand Forks, ND 58202

Sharps Injury Log

Complete all sections of this form. A copy of this form will be kept on file by the Supervisor/Principal Investigator/Instructor and the Office of Safety according to UND's Record Retention Policy after the incident.

Injured Employee/Student:	Department:	UND ID#:
Job Title of Employee/Student:	Phone:	Email:
Date/Time of Injury:	Body Part Injured:	Location Where Injury Occurred:
Brief Description of How the Incident Occurred [i.e., action being performed (disposal, injection, etc.), substances involved, body part injured]:		
Type of Device (e.g. syringe, suture needle):	Did the device have an engineered sharps protection? ☐ Yes ☐ No	Was protection mechanism activated at time of injury? ☐ Yes ☐ No ☐ N/A
Brand and Model:	Exposure occurred: ☐ Before safety device activation ☐ During safety device activation ☐ After safety device activation	
If the sharp did not have engineered sharps protection, describe employee's/student's opinion as to whether and how such a **mechanism** could have prevented this injury.		
Injured employee's/student's opinion as to whether there are any other **work practice** controls or sharps devices that could have prevented this injury.		
Did employee/student receive medical consultation and follow up? ☐ Yes ☐ No	Other comments:	
Employee/Student Signature:		Date:
Supervisor Signature:		Date:

Submit a copy to the UND Office of Safety

For questions contact the Office of Safety at 701.777.3341 or UND.safety@UND.edu