



Sharps Injury Form Needlestick Report

Instructions: This needlestick or sharps injuries form is to be used UTD personnel as an addendum to the Report of injury, Witness statement, and Supervisors Investigation reports.

Employee Information

Employee's name: _____ Male__ Female__

Date of Birth: ___/___/___ Home telephone #(_____)_____

Home address:_____

City:_____ State:_____ Zip Code:_____

Present Classification:_____ How Long Employed at UTD:_____

Social security No.: _____ - _____ - _____ Weekly pay/salary: \$_____

Vaccines Received: Tetanus /Date: _____ HEP A/ Date: _____

HEP B/ Date: _____

Injury Information

Location of accident:_____

(Building / Floor or Room Number (Lab, bathroom, etc.))

Date of accident: ___/___/___ Time of accident:_____

Type of Sharp: Needle

- | | |
|--|---|
| <input type="checkbox"/> Insulin Syringe | <input type="checkbox"/> Prefilled Cartridge syringe (i.e Tubex-type) |
| <input type="checkbox"/> Syringe- Other | <input type="checkbox"/> Vacume tube collection |
| <input type="checkbox"/> Winged steel needle | <input type="checkbox"/> Razorblade/Scaple |
| <input type="checkbox"/> Wire | <input type="checkbox"/> Needle |

Glass:

- Ampule Blood Tube Slide Lab Glassware Other glass Pipette

Brand (write brand name or "unknown"): _____ Model number: _____

Job classification of injured person: Housekeeper Maintenance Professor Reacher
 Labstaff T.A. Other_____

Original Intended Use of Sharps: _____

Nedel Contents (if known): _____

Name of supervisor: _____ Phone# (_____) _____

Signature of Employee: _____ Date: ___/___/___