

Sample Sharps Injury Log

Facility Name: _____

DATE	TYPE OF SHARP (i.e.: needle, lancet)	WORK AREA WHERE INJURY OCCURRED	DESCRIPTION OF HOW INJURY OCCURED	CHANGE MADE TO EXPOSURE CONTROL PLAN (yes/no)

Record all work-related needlestick/lancet injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by OSHA 29 CFR 1910.1030)

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9639