# Sharp Injury Form

**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 and Safety  
   2001 N. Soto Street, SBA 329  
   Los Angeles, CA 90032  
   FAX: 323-442-2201

**Injured Employee (Last, First)**

<table>
<thead>
<tr>
<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**  
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 to questions 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 the back)

__________________________  
**Signature**

__________________________  
**Date**