BIDDEFORD SCHOOL DEPARTMENT

Appendix F

Sharps Injury Log

Page _____ of _____

FOR THE OFFICE OF _____

Date & Time	Type and Brand Name of Sharps	Job Classification Dept. or Work Area	Task Being Performed	Body Part Injured	Comments*

*Under comments, include if protective device was in use or had not been activated. Add injured employee's comments if a different device would have prevented the injury and what other controls may have helped prevent the injury. **DO NOT INCLUDE EMPLOYEES' NAMES. THIS INFORMATION IS CONFIDENTIAL.** Use this form for evaluation purposes.

NOTE: An Exposure Incident Report must also be completed.

Adopted: July 11, 2006