

Laboratory Needle Stick Incident Report

Date of Incident

Time of Incident

Full Name

Position/Title

Department / Laboratory

Location of Incident

Activity Being Performed

Description of Incident

Type of Needle/Device Involved

Were gloves worn?

Other PPE Used

Was the needle used on a patient/animal or with hazardous material?

First Aid Actions Taken

Supervisor Notified

Witness(es)

Recommendations/Preventive Actions

