

Sharps Injury Laboratory Report Form

Name of Injured Person

Position/Job Title

Department/Laboratory

Date of Injury

Time of Injury

Location of Incident

Type of Sharp Involved

Procedure/Activity at Time of Injury

Brief Description of Incident

Personal Protective Equipment (PPE) Used

First Aid Provided

Name(s) of Witness(es)

Date Reported

Reported To (Supervisor/Manager)

Corrective/Preventive Actions

Additional Comments