

# Laboratory Sharps Injury Report

## Employee Information

Name

Position/Title

Department/Lab

Date of Report

## Incident Details

Date of Injury

Time of Injury

Location of Incident

Type of Sharp Involved

Description of Incident

Circumstances Leading to Injury

## Exposure Details

Material Involved (Chemical/Biological)

Did the Sharp Appear Contaminated?

Personal Protective Equipment Used

## Post-Incident Actions

First Aid Provided

Medical Attention Sought

Supervisor Notified

Date/Time Notified

**Additional Comments**