Needle Stick Injury Incident Report

Name of Injured Person	
Department/Unit	
Date of Incident	
Time of Incident	
Location of Incident	
Job Title	
Activity at Time of Injury	
Type of Needle/Device Involved	
Description of How Injury Occurred	
Was Personal Protective Equipment (PPE) Used?	
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First Aid Administered	
Reported To (Supervisor Name)	
Actions Taken After Incident	

Å	Additional Comments	
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