Needle Stick Injury Reporting Form

Employee Name	
Employee ID	
Department/Unit	
Date of Incident	
Time of Incident	
Time of incident	
Location of Incident	
Procedure Being Performed	
Describe How the Injury Occurred	
Type of Device Involved	
Personal Protective Equipment Worn	
Immediate Action Taken	
Was the Source Patient Identified?	
Medical Attention Received?	▼
Medical Attention Received?	~
Additional Comments	