

Hospital Needle Stick Injury Report

General Information

Date of Incident

Time of Incident

Employee Name

Employee ID

Department/Unit

Job Title

Incident Details

Location of Incident

Witness(es)

Activity Being Performed

Type of Needle/Device Involved

Describe How Incident Occurred

Injury Information

Part of Body Injured

Was Personal Protective Equipment (PPE) Used?

First Aid Provided

Exposure Source Information

Known Source Patient?

If Yes, Source Details

Additional Notes

Additional Information / Recommendations