Appendix (D) - Sample Sharps Injury Log

Department/Lab:			**Year 20__** *Maintain for 5 years*	
Date	**Type of Device** (e.g., syringe, suture needle)	**Brand Name of Device**	**Work area where injury occurred** (e.g., lab, vet med)	**Brief description of how incident occurred** (e.g., procedure being done, action performed & body part injured)