



DEPARTMENT OF
**ENVIRONMENTAL
HEALTH AND SAFETY**

1202 W. Farm Road, Suite 002
Stillwater, OK 74078
E | ehs@okstate.edu
O | (405) 744-7241
ehs.okstate.edu

APPENDIX D: SHARPS INJURY LOG
OSU Bloodborne Pathogens
Exposure Control Plan

Department/Laboratory					Year *Maintain for 5 years	20 ____
Date	Type of device (syringe, suture needle, etc.)	Brand name of device	Work area where injury occurred (laboratory, veterinary office, etc.)	Brief description of how the incident occurred (include the procedure, action performed, and body part injured)		