



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

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