Incident Report form

This form is to be completed and maintained at the facility for at least five years.

Facility Name__________________________________________________________________
Type of incident (blood, stool, vomit, etc.)___________________________________________
Where was it found_____________________________________________________________
Who found it__________________________________________________________________
Was there a needle, syringe, glass, other?  Yes / No
If yes, describe_________________________________________________________________
Who did it belong to (if known)___________________________________________________
Date it was found _______________________ Time found______________________ AM / PM
Who cleaned it up______________________________________________________________
Date it was cleaned up ______________________ Time cleaned _________________ AM / PM
What protective clothing was used_________________________________________________
What disinfectant was used_______________________________________________________
At what strength/dilution_________________________________________________________
Explain the cleaning procedure used________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
How was it disposed (toilet, trash, sharps container, etc.)________________________________
Was anyone in the area before it was cleaned up_______________________________________
_____________________________________________________________________________
Was anyone in the area while it was cleaned up_______________________________________
_____________________________________________________________________________
*Were there any injuries while cleaning up:   Yes / No
If yes, what and how____________________________________________________________
_____________________________________________________________________________
Medical treatment of injury sought?  Yes / No    If yes, Date ____________________________
Any questions, suggestions or comment_____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

*OSHA requires an employer to establish and maintain a Sharps Injury Log for recording all
percutaneous injuries in a facility occurring from contaminated sharps. The purpose of the Log is
to aid in the evaluation and identification of problems in the devices and procedures being used.