



SHARPS INJURY LOG

Facility Name: _____

Date	Type of Sharp (i.e. needle, lancet)	Work Area Where Injury Occurred	Description of How Injury Occurred	Change Made to Exposure Control Plan (yes/no)

Record all work-related needlestick/lancet injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by OSHA 29 CFR 1910.1030)

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9639