

Appendix L: BBP Exposure/Sharps Injury Report

This report will be completed by the Safety Officer based on information collected in interviews with the employee who had the exposure incident and the employee's supervisor.

Date of the Incident: _____ Time of the Incident: _____

Department: _____ Supervisor: _____

Job Title of Exposed Employee: _____ Date of last BBP training: _____

Description of task being performed when exposure occurred: _____

Was the Supervisor's Report of Employee Accident form and the State of Tennessee Accident Report form completed and submitted for this incident? If NO, provide details:

Did the employee seek immediate medical attention? If NO, provide details of circumstance:

What was the route of exposure? _____

What engineering controls were in use at the time of the incident? _____

What work practices were in use at the time of the incident? _____

What PPE was in use at the time of the incident? _____

SHARPS INJURY INFORMATION

Did the incident involve a sharp device? YES NO

(If YES, provide the information requested in the following section. If NO, proceed to complete the comments/corrective actions section.)

What part of the body sustained the sharps injury? (Be specific.)

Was the device visibly contaminated with blood or OPIM? YES NO

Describe the nature of the injury (i.e., scratch, puncture with visible blood, etc.): _____

Describe the sharp device that caused the injury. (Include name/purpose of device, brand, model number, needle gauge.): _____

Was the device a "safe sharps device"? YES NO

COMMENTS/CORRECTIVE ACTIONS

Complete this section with any additional information regarding the exposure incident that is relevant for correcting safety practices. With the supervisor, identify and record corrective actions to be taken to minimize the exposure risk identified by this incident. One copy will be maintained by the Safety Officer completing the form. One copy will be provided to the supervisor for recordkeeping purposes.

Safety Officer Completing Report: _____

Signature: _____

Date of Completion: _____