

Sharps Injury Log¹

For Period Ending: ____ / ____ / _____

Company Name: _____

Date Entered:	Date Incident Occurred & Time Incident Occurred:	Type and Brand of Device Involved:	Department or Work Area Where Exposure Incident Occurred:	How Incident Occurred:
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			
____/____/____ Month Day Year	____/____/____ ____:____ Month Day Year Hour Minute AM PM			

• Retain until ____ / ____ / ____ (5 years after the end of the current year - see §1904.33)

¹ Referred to in §1910.1030(h)(5)