

Needle Stick Injury Incident Reporting Form

1. Employee Information

Full Name:

Employee ID:

Department / Unit:

Job Title:

Contact Number:

2. Incident Details

Date of Incident:

Time of Incident:

Location:

Brief Description of Incident:

3. Exposure Details

Type of Needle / Object:

Site of Injury (on body):

Procedure Being Performed:

Was the device visibly contaminated with blood/body fluids?

Select	▼
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4. Post-Incident Actions

Immediate First Aid Given:

Reported to Supervisor (Name):

Action Taken After Incident:

5. Additional Comments

Comments / Suggestions:

6. Signatures

Employee Signature:

Date:

Supervisor Signature:

Date: