Annual Needlestick and Sharps Injury Evaluation

The annual needlestick and sharps injury evaluation meeting was held on:

Date

Attendance:

Name: **Position:**

After reviewing exposure incident reports for the past year, it has been determined that:

☐ There were no needless-stick injuries that occurred in this practice in the past year.

☐ There were no sharps injuries occurred in this practice in the past year.

No. of needlestick injuries occurred in this practice in the past year. (See questions below.)

No. of sharps injuries have occurred in this practice in the past year. (See questions below.)

Needlestick injuries occurred (select all that apply): ☐ during injection ☐ during recapping ☐ other Explain:

Sharps injuries occurred (check all that apply): ☐ during instrument processing ☐ during patient treatment ☐ handling orthodontic wires ☐ other Explain

What corrective measures were taken to ensure that the injuries did not occur in the future?

Was personal protective equipment being worn when the injury occurred? ☐ yes ☐ no
If yes, what?

Was a safety device being used when the above injuries occurred? ☐ yes ☐ no
If yes, what type of device:

If no, would a safety device have prevented the injury from happening? ☐ yes ☐ no

Evaluation of safety devices to prevent workplace injuries:

The following types of commercially available safety devices have been evaluated for use in this practice:

Attach any literature or product information about devices evaluated. Also attach the Safety Device Evaluation form, included in the OSHA manual or electronic file.

File this form in the OSHA Manual or electronic file.