

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 §1904.44)
- You are required to maintain this log if the requirement to maintain a 300 log applies to you. See Part 1904.
- ¹ Referred to in §1910.1030(h)(5)