



Contaminated Sharps Injury Reporting Form

INSTRUCTIONS: Complete a form for each exposure incident involving a sharp. If injury occurred **BEFORE** the sharp was used for its original intended purpose, do not submit this form. Choose **one** response from Drop-down list or enter answer in "Other" field.

The facility where the injury occurred should complete the form and submit it to the local health authority where the facility is located. If no local health authority is appointed for this jurisdiction, submit to the regional director of the Department of State Health Services regional office in **which the facility is located. Address information for regional directors can be obtained at [Public Health Regions | Texas DSHS](#).**

The local health authority, acting as an agent for the Department of State Health Services will receive and review the report for completeness, and send the report to: Texas Department of State Health Services, fax 512 776-7616 or sharps.injury@dshs.texas.gov.

Facility name where injury occurred:

Street address (no PO Box):

City:

County:

Zip Code:

Location/Facility/Agency type in which sharps injury occurred:

or Other:

Work area where sharps injury occurred:

or Other:

Date filled out:

Reporter's name:

Reporter's e-mail:

Street address of reporter (if different):

Reporter's phone:

Date of injury:

Time of injury:

a.m.

p.m.

Age of injured:

Sex of injured:

Male

Female

Injured body part:

Job classification of injured person:

or Other:

Employment status of injured person:

or Other:

Type of Sharp Involved

Needles list:

or Other needle:

Surgical instruments list:

or Other surgical:

Glass items list:

or Other glass:

Brand name of sharp:

Original Intended Use of Sharp

Original intended use of sharp list:

or Other:

When and How Injury Occurred

before (DO NOT report to DSHS)

during

after the sharp was used for its intended purpose.

If the exposure occurred during or after the sharp was used, was it...:

or Other:

Sharps Protection

Did the device have engineered sharps injury protection? yes no don't know

Was the protective mechanism activated? yes, fully yes, partially no don't know

Did the exposure incident occur before during after activation of the protective mechanism?

Safeguards

Was the injured person wearing gloves? yes no

Had the injured person completed a hepatitis B vaccination series? yes no don't know

Was there a sharps container readily available for disposal of the sharp? yes no

Did the sharps container provide a clear view of the level of contaminated sharps?
yes no

Had the injured person received training on the exposure control plan in the 12 months before the incident? yes no

Comments

Your notes, opinions, or suggestions.

The Contaminated Sharps Injury Reporting Form can be obtained from [Reporting | Contaminated Sharps Injuries | Texas DSHS](#)