

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
SHARPS INJURY LOG
 IIPP-10B (4/01)

INCIDENT NUMBER	INCIDENT DATE	INCIDENT TIME
EMPLOYEE ID # (LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER)	STATION	
BATTALION	PHONE	
INCIDENT ADDRESS	JOB TITLE/CLASSIFICATION	
<input type="checkbox"/> CDF (SCHEDULE A OR B) <input type="checkbox"/> COUNTY (SCHEDULE C) <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER		

BODY PART INVOLVED <input type="checkbox"/> FINGER <input type="checkbox"/> HAND <input type="checkbox"/> ARM <input type="checkbox"/> TORSO <input type="checkbox"/> FACE <input type="checkbox"/> HEAD <input type="checkbox"/> LEG <input type="checkbox"/> FOOT <input type="checkbox"/> ABDOMEN OTHER:
PROCEDURE INVOLVED <input type="checkbox"/> DRAWING VENOUS BLOOD <input type="checkbox"/> INJECTION THROUGH THE SKIN <input type="checkbox"/> STARTING AN IV LINE <input type="checkbox"/> PERFORMING GLUCOSE CHECK <input type="checkbox"/> OTHER TYPE AND BRAND OF SHARP INVOLVED DESCRIPTION OF THE INCIDENT AND THE INJURY:
DID THE DEVICE BEING USED HAVE ENGINEERED SHARPS INJURY PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN WAS THE PROTECTIVE MECHANISM ACTIVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN DID THE EXPOSURE OCCUR... <input type="checkbox"/> BEFORE <input type="checkbox"/> DURING <input type="checkbox"/> AFTER ... ACTIVATION? IF THE SHARP HAD NO ENGINEERED SHARPS INJURY PROTECTION, DO YOU HAVE AN OPINION THAT SUCH A MECHANISM COULD HAVE PREVENTED THE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHY?
COULD ANY ENGINEERING, ADMINISTRATIVE OR WORK PRACTICE PREVENT THIS EXPOSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHY?

FOR USE BY RYAN WHITE LIAISON	
EXPOSURE OCCURRED	<input type="checkbox"/> DURING USE OF SHARP <input type="checkbox"/> BETWEEN STEPS <input type="checkbox"/> AFTER USE & BEFORE DISPOSAL <input type="checkbox"/> WHEN DISPOSING OF SHARP <input type="checkbox"/> SHARP LEFT IN INAPPROPRIATE PLACE
TYPE OF SHARP	<input type="checkbox"/> IV NEEDLE <input type="checkbox"/> SYRINGE NEEDLE <input type="checkbox"/> LANCET <input type="checkbox"/> OTHER _____
RECOMMENDATIONS:	