Sharps Injuries and OSHA: Don't Get Stuck!

Additional Resources

- Bloodborne Pathogen Standard (Summarized):
  [https://www.mass.edu/mcncps/orientation/m2Osaha.asp](https://www.mass.edu/mcncps/orientation/m2Osaha.asp)

- Bloodborne Pathogens and Needlestick Prevention Standards:

- Sample Blood and Body Fluid Exposure Report Form:

- Employer Obligations After Exposure Incidents OSHA (Needlestick Flow Chart):

- OSHA form 300, 300A, and 301 for logging and reporting injuries:

---

Needlestick Flow Chart  
Post-exposure evaluation and follow-up

**EXPOSURE INCIDENT OCCURS**

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>EMPLOYER</th>
<th>HEALTHCARE PROFESSIONAL (HCP)</th>
</tr>
</thead>
</table>
| • Reports incident to employer | • Directs employee to HCP (Healthcare Provider)  
  – Copy of Standard Job Description of employee  
  – Incident Report (route, etc.)  
  – Source patient’s identity and HBV/HIV status (if known)  
• Arranges for testing of exposed employee and source patient (if not known already)  
• Notifies employee of results of all testing  
• Provides counseling  
• Provides post-exposure prophylaxis, if medically indicated  
• Evaluates reported illnesses (Items above are confidential) |
| | • Sends to HCP  
  – Copy of Standard Job Description of employee  
  – Incident Report (route, etc.)  
  – Source patient’s identity and HBV/HIV status (if known)  
  – Employee’s HBV status and other relevant medical information (for sample Blood, Bodily Fluid Exposure Report Form and Bloodborne Pathogen Standard, see [www.CliniciansReport.org](https://www.CliniciansReport.org)) | • Sends (only) the HCP’s written opinion to employer  
• Documents that employee was informed of evaluation results and the need for any further follow-up, and  
• Whether HBV vaccine was received |
| | • Receives HCP’s written opinion | |
| | • Receives copy of HCP’s written opinion | |
| | • Provides copy of HCP’s written opinion to employee (within 15 days of completed evaluation) | |

*(Prepared by the American Dental Association in cooperation with the Occupational Safety and Health Administration (December 1997). This document is not considered a substitute for any provisions of the Occupational Safety and Health Act of 1970 or for any standards issued by OSHA, Copyright ©1997.)*
OSHA Bloodborne Pathogens Standard

From Centralized Clinical Placement Online Orientation, Massachusetts Department of Higher Education, https://www.mass.edu/mcncps/orientation/m2Osha.asp

The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, incorporating the Needlestick Safety and Prevention Act of 2000, is designed to protect at-risk employees from exposure to blood and other potentially infectious materials. Employees and healthcare workers covered by this standard include those who:

- Have direct patient/resident contact.
- Draw blood.
- Work with blood and other bodily fluid specimens.
- Handle contaminated equipment.

**BLOODBORNE PATHOGENS** are viruses, bacteria, and other microorganisms in human blood or other potentially infectious materials that can cause disease in persons who are exposed to blood or other potentially infectious materials containing the pathogens. These microorganisms can cause diseases such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and many others.

**OSHA STANDARDS** for reducing risks of bloodborne pathogens include:

- Implementation of a written Exposure Control Plan (ECP), designed to eliminate or minimize employee exposure, and ensures that employees with occupational exposure to bloodborne pathogens receive appropriate training. The training shall be provided to the employee free of charge and during work hours.
- Use of standard precautions during care of all patients/residents and all tasks that involve a reasonable likelihood for exposure to blood or body fluids.
- Use of personal protective equipment (PPE) whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials.
- Hand washing after the removal of PPE; following contact with blood or other potentially infectious material; and/or prior to, or following, patient/resident care.
- Hand washing prior to or after patient/resident care.
- Use of safer needle devices and needleless devices to decrease needlestick or other sharps exposures.
- Implementation of engineering and work practice controls for proper handling and disposal of needles and other sharps to help prevent exposures.
- Avoid splashing, spraying, spattering, or creating droplets of blood or other fluids.
- Use of containers for transfer or disposal of anything contaminated with blood or infectious materials. The containers should display the biohazard label, be leak-proof and able to close.
- Discarding blood and other potentially infectious body substances in amounts sufficient to cause infection in red bags or containers labeled *Infectious Waste* or marked with the biohazard label.
- Use of health care organization-approved disinfectant on all contaminated items before use on another patient/resident.
- Appropriate use of Personal Protective Equipment, a health-care organization-approved disinfectant, and a blood spill kit for containing and cleaning spills of blood or body substances.
- A plan that ensures a Post-Exposure Evaluation and Follow up is in place to address exposure to blood or body fluids via needlestick, sharps injury, splash to mouth, nose or eyes, or to non-intact skin for all employees.
• A plan that ensures Hepatitis B vaccination has been given or is offered to all employees and health care workers who have the potential for occupational exposure to blood and other potential infectious materials.
• Prohibition of eating, drinking, applying cosmetics or lip balm, and/or handling contact lenses in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials.

STANDARD PRECAUTIONS

Standard precautions require that all human blood and other potentially infectious materials be treated as if known to be infectious for HIV, HBV, HCV, or other bloodborne pathogens, regardless of the perceived “low risk” status of a source individual. These precautions are “standard” because they are used for all patients/residents, regardless of whether or not they have a diagnosis of infectious disease. OSHA’s Bloodborne Pathogens Standard recommends that employers and all health care workers, including students implement standard precautions when dealing with blood and other potentially infectious materials, which have the capability of transmitting a bloodborne pathogen. Standard Precautions are used in the health care organizations to:

• Prevent the transmission of infectious agent among patients/residents and healthcare providers.

The OSHA Bloodborne Pathogens Standards apply to blood or Other Potentially Infectious Material (OPIM), which includes:

• cerebrospinal fluid
• synovial fluid
• pleural fluid
• amniotic fluid
• pericardial fluid
• peritoneal fluid
• unfixed tissue or body organs other than intact skin
• semen
• vaginal secretions
• any body fluid contaminated with blood
• saliva in dental procedures
• body fluids in emergency situations that cannot be recognized
• blood, organs, and tissue from experimental animals infected with HIV or HBV

Respiratory Hygiene/Cough Etiquette is a new component of Standard Precautions and is targeted at patients/residents and accompanying family members and friends with undiagnosed transmissible respiratory infections. They apply to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering a healthcare facility. The concepts of respiratory hygiene and cough etiquette involve using control measures to prevent patients/residents with respiratory infections from transmitting their infection to others. These measures include asking coughing or sneezing persons to:

1. Cover their mouth and nose with tissues and dispose of used tissues in waste containers.
2. Use a mask if coughing (when a mask can be tolerated).
3. Perform hand hygiene (wash with soap and warm water for 15 seconds or clean hands with alcohol-based hand product if hands are not visibly soiled) after contact with respiratory secretions.
4. To stand or sit at least 3 feet from other persons, if possible.
EXPOSURE

An exposure is contact with blood or other potentially infectious material with eyes, nose, mouth, nonintact skin, or parenteral contact, which is an injury that results in a piercing of the skin or mucous membranes, such as needlestick, bite, cut, or abrasion.

Steps for Exposure to Blood or Other Potentially Infectious Material

Immediately:

- Wash needlestick and cuts with soap and water.
- Flush splashes to the nose, mouth or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigates.
- Report exposure to your instructor, preceptor or supervisor.
- Seek medical evaluation because treatments are most likely to be effective if administered as soon as possible after the exposure.

REFERENCES

Sample Blood and Body Fluid Exposure Report Form

Facility name: ____________________________________________________________

Name of exposed worker: Last ____________________________ First: ________________ ID #: __________________

Date of exposure: _______ / _______ / _______  Time of exposure: ______:______ AM PM (Circle)

Job title/occupation: ____________________________  Department/work unit: ____________________________

Location where exposure occurred: ____________________________________________

Name of person completing form: ____________________________________________

Section I. Type of Exposure  (Check all that apply.)
☐ Percutaneous (Needle or sharp object that was in contact with blood or body fluids)
   (Complete Sections II, III, IV, and V.)
☐ Mucocutaneous (Check below and complete Sections III, IV, and VI.)
   ___ Mucous Membrane ___ Skin
☐ Bite (Complete Sections III, IV, and VI.)

Section II. Needle/Sharp Device Information
(If exposure was percutaneous, provide the following information about the device involved.)

Name of device: ____________________________________________________________
Brand/manufacturer: ________________________________________________________

Did the device have a sharps injury prevention feature, i.e., a “safety device”?  
☐ Yes  ☐ No  ☐ Unknown/Unable to determine

If yes, when did the injury occur?
☐ Before activation of safety feature was appropriate
☐ During activation of the safety feature
☐ Safety feature improperly activated
☐ Safety feature failed after activation
☐ Safety feature not activated
☐ Other: ____________________________

Describe what happened with the safety feature, e.g., why it failed or why it was not activated: ____________________________

Section III. Employee Narrative  (Optional)

Describe how the exposure occurred and how it might have been prevented:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

NOTE: This is not a CDC or OSHA form. This form was developed by CDC to help healthcare facilities collect detailed exposure information that is specifically useful for the facilities’ prevention planning. Information on this page (#1) may meet OSHA sharps injury documentation requirements and can be copied and filed for purposes of maintaining a separate sharps injury log. Procedures for maintaining employee confidentiality must be followed.
Section IV. Exposure and Source Information

A. Exposure Details: (Check all that apply.)

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)
   - Blood/blood products
   - Visibly bloody body fluid*
   - Non-visibly bloody body fluid*
   - Visibly bloody solution (e.g., water used to clean a blood spill)

*Identify which body fluid
   - Cerebrospinal
   - Amniotic
   - Pericardial
   - Pleural
   - Urine
   - Sputum
   - Saliva
   - Feces/stool

2. Body site of exposure. (Check all that apply.)
   - Hand/finger
   - Eye
   - Mouth/nose
   - Face
   - Arm
   - Leg
   - Other (Describe: _________________________)

3. If percutaneous exposure:

   Depth of injury (Check only one.)
   - Superficial (e.g., scratch, no or little blood)
   - Moderate (e.g., penetrated through skin, wound bled)
   - Deep (e.g., intramuscular penetration)
   - Unsure/Unknown

   Was blood visible on device before exposure?  
   - Yes
   - No
   - Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

   Approximate volume of material
   - Small (e.g., few drops)
   - Large (e.g., major blood splash)

   If skin exposure, was skin intact?  
   - Yes
   - No
   - Unsure/Unknown

B. Source Information

1. Was the source individual identified?  
   - Yes
   - No
   - Unsure/Unknown

2. Provide the serostatus of the source patient for the following pathogens.

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
<th>Refused</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Antibody</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCV Antibody</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbsAg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. If known, when was the serostatus of the source determined?
   - Known at the time of exposure
   - Determined through testing at the time of or soon after the exposure
### Section V. Percutaneous Injury Circumstances

#### A. What device or item caused the injury?

**Hollow-bore needle**
- [ ] Hypodermic needle
- [ ] Attached to syringe __ Attached to IV tubing
- [ ] Unattached
- [ ] Prefilled cartridge syringe needle
- [ ] Winged steel needle (i.e., butterfly type devices)
  - [ ] Attached to syringe, tube holder, or IV tubing
  - [ ] Unattached
- [ ] IV stylet
- [ ] Phlebotomy needle
- [ ] Spinal or epidural needle
- [ ] Bone marrow needle
- [ ] Biopsy needle
- [ ] Huber needle
- [ ] Other type of hollow-bore needle (type: __________)
- [ ] Hollow-bore needle, type unknown

**Suture needle**
- [ ] Suture needle

**Glass**
- [ ] Capillary tube
- [ ] Pipette (glass)
- [ ] Slide
- [ ] Specimen/test/vacuum
- [ ] Other: ________________________________

**Other sharp objects**
- [ ] Bone chip/chipped tooth
- [ ] Bone cutter
- [ ] Bovie electrocautery device
- [ ] Bur
- [ ] Explorer
- [ ] Extraction forceps
- [ ] Elevator
- [ ] Histology cutting blade
- [ ] Lancet
- [ ] Pin
- [ ] Razor
- [ ] Retractor
- [ ] Rod (orthopaedic applications)
- [ ] Root canal file
- [ ] Scaler/curette
- [ ] Scalpel blade
- [ ] Scissors
- [ ] Tenaculum
- [ ] Trocar
- [ ] Wire
- [ ] Other type of sharp object
- [ ] Sharp object, type unknown

**Other device or item**
- [ ] Other: ___________________________________

#### B. Purpose or procedure for which sharp item was used or intended.

*(Check one procedure type and complete information in corresponding box as applicable.)*

<table>
<thead>
<tr>
<th>Type of Line</th>
<th>Type of Injection</th>
<th>Type of Blood Sampling</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Peripheral</td>
<td>[ ] IM injection</td>
<td>[ ] Venipuncture</td>
</tr>
<tr>
<td>[ ] Arterial</td>
<td>[ ] Epidural/spinal anesthesia</td>
<td>[ ] Arterial puncture</td>
</tr>
<tr>
<td>[ ] Central</td>
<td>[ ] Skin test placement</td>
<td>[ ] Dialysis/AV fistula site</td>
</tr>
<tr>
<td>[ ] Other</td>
<td>[ ] Other injection</td>
<td>[ ] Other blood sampling</td>
</tr>
</tbody>
</table>

- [ ] Establish intravenous or arterial access (Indicate type of line.)
- [ ] Access established intravenous or arterial line (Indicate type of line and reason for line access.)
- [ ] Injection through skin or mucous membrane (Indicate type of injection.)
- [ ] Obtain blood specimen (through skin) (Indicate method of specimen collection.)
- [ ] Other specimen collection
- [ ] Suturing
- [ ] Cutting
- [ ] Other procedure
- [ ] Unknown
C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select one or two circumstances that reflect how the injury happened.)

Select one or two choices:
- During use of the item
- After use, before disposal of item
- During or after disposal of item
- Other (Describe): ____________________________

Select one or two choices:
- Patient moved and jarred device
- While inserting needle/sharp
- While manipulating needle/sharp
- While withdrawing needle/sharp
- Passing or receiving equipment
- Suturing
- Tying sutures
- Manipulating suture needle in holder
- Incising
- Palpating/Exploring
- Collided with co-worker or other during procedure
- Collided with sharp during procedure
- Sharp object dropped during procedure

Select one or two choices:
- Handling equipment on a tray or stand
- Transferring specimen into specimen container
- Processing specimens
- Passing or transferring equipment
- Recapping (missed or pierced cap)
- Cap fell off after recapping
- Disassembling device or equipment
- Decontamination/processing of used equipment
- During clean-up
- In transit to disposal
- Opening/breaking glass containers
- Collided with co-worker/other person
- Collided with sharp after procedure
- Sharp object dropped after procedure
- Struck by detached IV line needle

Select one or two choices:
- Placing sharp in container:
  - Injured by sharp being disposed
  - Injured by sharp already in container
  - While manipulating container
  - Over-filled sharps container
  - Punctured sharps container
  - Sharp protruding from open container
  - Sharp in unusual location:
    - In trash
    - In linen/laundry
    - Left on table/tray
    - Left in bed/mattress
    - On floor
    - In pocket/clothing
    - Other unusual location
    - Collided with co-worker or other person
    - Collided with sharp
    - Sharp object dropped
    - Struck by detached IV line needle

- Unknown
Section VI. Mucous Membrane Exposures Circumstances

A. What barriers were used by worker at the time of the exposure? (Check all that apply.)

- [ ] Gloves
- [ ] Goggles
- [ ] Eyeglasses
- [ ] Face Shield
- [ ] Mask
- [ ] Gown

B. Activity/Event when exposure occurred (Check one.)

- [ ] Patient spit/coughed/vomited
- [ ] Airway manipulation (e.g., suctioning airway, inducing sputum)
- [ ] Endoscopic procedure
- [ ] Dental procedure
- [ ] Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter)
- [ ] Phlebotomy
- [ ] IV or arterial line insertion/removal/manipulation
- [ ] Irrigation procedure
- [ ] Vaginal delivery
- [ ] Surgical procedure (e.g., all surgical procedures including C-section)
- [ ] Bleeding vessel
- [ ] Changing dressing/wound care
- [ ] Manipulating blood tube/bottle/specimen container
- [ ] Cleaning/transporting contaminated equipment
- [ ] Other: _______________________________________________________
- [ ] Unknown

Comments: __________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
**OSHA’s Form 300** (Rev. 01/2004)

**Log of Work-Related Injuries and Illnesses**

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you’re not sure whether a case is recordable, call your local OSHA office for help.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Identify the person**

<table>
<thead>
<tr>
<th>(A) Case no.</th>
<th>(B) Employee’s name</th>
<th>(C) Job title (e.g., Welder)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Describe the case**

<table>
<thead>
<tr>
<th>(D) Date of injury or onset of illness</th>
<th>(E) Where the event occurred (e.g., Loading dock north end)</th>
<th>(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Classify the case**

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

- Injury
- Illness
- Respiratory condition
- Hearing loss
- All other illnesses

**Enter the number of days the injured or ill worker was**

- Days away from work
- Job transfer or restriction
- Other recordable cases

**Check the "injury" column or choose one type of illness**

- Days away from work
- Job transfer or restriction
- Other recordable cases

**Page totals**

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page of
OSHA’s Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of . . .</th>
<th>(M)</th>
<th>(N)</th>
<th>(O)</th>
<th>(P)</th>
<th>(Q)</th>
<th>(R)</th>
<th>(S)</th>
<th>(T)</th>
<th>(U)</th>
<th>(V)</th>
<th>(W)</th>
<th>(X)</th>
<th>(Y)</th>
<th>(Z)</th>
<th>(AA)</th>
<th>(BB)</th>
<th>(CC)</th>
<th>(DD)</th>
<th>(EE)</th>
<th>(FF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Public reporting burden for this collection of information is estimated to average 38 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name

Street __________________________ City __________________________ State ______ ZIP ______

Industry description (e.g., Manufacture of motor truck trailers)

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don’t have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

Title

Phone __________________________ Date __________________________
<table>
<thead>
<tr>
<th>Information about the employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Full name ____________________________</td>
</tr>
<tr>
<td>2) Street ________________________________</td>
</tr>
<tr>
<td>City __________________________ State ______ ZIP ______</td>
</tr>
<tr>
<td>3) Date of birth ____ / ____ / ____</td>
</tr>
<tr>
<td>4) Date hired ____ / ____ / ____</td>
</tr>
<tr>
<td>5) Male ____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information about the physician or other health care professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>6) Name of physician or other health care professional _______</td>
</tr>
<tr>
<td>7) If treatment was given away from the worksite, where was it given?</td>
</tr>
<tr>
<td>Facility __________________________</td>
</tr>
<tr>
<td>Street __________________________</td>
</tr>
<tr>
<td>City __________________________ State ______ ZIP ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information about the case</th>
</tr>
</thead>
<tbody>
<tr>
<td>10) Case number from the Log ___________________ (Transfer the case number from the Log after you record the case.)</td>
</tr>
<tr>
<td>11) Date of injury or illness ____ / ____ / ____</td>
</tr>
<tr>
<td>12) Time employee began work __ __ AM / PM</td>
</tr>
<tr>
<td>13) Time of event ____ / ____ / ____ AM / PM</td>
</tr>
<tr>
<td>14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials”</td>
</tr>
<tr>
<td>15) What happened? Tell us how the injury occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”</td>
</tr>
<tr>
<td>16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or sore.” Examples: “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”</td>
</tr>
<tr>
<td>17) What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.</td>
</tr>
<tr>
<td>18) If the employee died, when did death occur? Date of death ____ / ____ / ____</td>
</tr>
</tbody>
</table>

Completed by ____________________________ |
Title ____________________________ |
Phone (_____)_______-______ Date ____ / ____ / ____ |

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.