Facility or establishment name: _____

Sharps Injury and Blood Exposure Log Year 2_____

Date	Case/ Report #	Source patient (HIV, hepatitis status) *no patient identifiers	Type of exposure: sharps injury (blood filled device y/n), blood or body fluid exposure	Body part exposed (finger, hand, eye splash, etc)	Type and brand name of device (if known)	Work area where exposure occurred	Brief description of how the event occurred (i.e. procedure being done, action being performed)	Post-exposure prophylaxis (medication prescribed)	Follow-Up Dates RX & Testing		