Safety and Risk Management

Supervisors Instructions:

Complete all sections of this form;

Make a photocopy for your own records; and

Send original to Human Resources

Employees Name	CSUB ID #	Employee Telephone
Department	Supervisor	Supervisors Telephone
Job Classification	Location Where Injury Occurred (Building # or Address)	

Date of Injury	Time of Injury	Location of Injury
Body Part Injured		
Procedure Being Performed at Time of Injury		
Describe How Incident Occurred		
Sharps Information: Type	Brand	Model
Did the Device Being Used Have Engineered Sharps Protection? ☐ Yes ☐ No		
Was the Protective Mechanism Fully Activated? ☐ Yes ☐ No		
Was the Protective Mechanism Partially Activated? ☐ Yes ☐ No		
Exposure Occurred ☐ Before ☐ During ☐ After Activation of Protective Mechanism.		
If the Sharp Had no Engineered Sharps Protection, Could Such a Mechanism Have Prevented the Injury? ☐ Yes ☐ No		
Could Any Other Engineering or Administrative, or Safe Work Practice Control Have Prevented the Injury? ☐ Yes ☐ No		

Supervisors Signature: ____