Supplemental Information to Exposure Incident Reporting Form

The following information, if known or reasonably available, will be documented by EHS within 14 working days of the date on which each exposure incident was reported.

1. Employee Name: _____________________________________________________________

2. Date of exposure incident report:_______________ Report written by: ________________

3. Type and brand of sharp involved: ____________________________________________

4. Procedure being performed by the exposed employee at the time of the incident:
   __________________________________________________________________________
   __________________________________________________________________________

5. Did the device involved have engineered sharps injury protection? Yes (✓) No (✓) ___

6. Was engineered sharps injury protection on the sharp involved? Yes (✓) No (✓) ___

7. Does the injured employee believe that if activated at the time of the exposure a protective
   mechanism could have prevented the incident? Yes (✓) No (✓) ______
   Or prevented the injury? Yes (✓) No (✓) _____

8. Did the injury occur ______ before, ___ during, ___ or after the mechanism was activated?
   Comments: __________________________________________________________________

9. Does the exposed employee believe that any controls (e.g., engineering, administrative, or work
   practice) could have prevented the injury? Yes (✓) No (✓) ______
   Employee’s opinion:
   ____________________________________________________________________________

10. Comments on the exposure incident (e.g., additional relevant factors involved):
    ____________________________________________________________________________
    ____________________________________________________________________________
11. Employee interview summary:


12. Picture(s) of the sharp(s) involved (please attach if available): Yes (√) N/A (√)