

(Name of Healthcare Organization)

### A-8-1 Sample Sharps Injury Hazard Observations During Environmental Rounds

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Facility Location: \_\_\_\_\_

Name of Observer(s):	

Were any sharps injury hazards identified during the observation?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what category of hazard was observed? (Check all that apply.)

- Improperly discarded sharp object
- Overfilled sharps container
- Sharp penetrating through container
- Improper handling of a sharp device
- Other: \_\_\_\_\_

Describe what was observed. If more than one hazard was identified, number and describe each one separately.


Reviewed by: \_\_\_\_\_

Committee on: \_\_\_\_\_

(Name of Healthcare Organization)

**A-8-2 Sample Sharps Injury Hazard Observation or "Near Miss" Event Report Form**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location in facility where hazard was observed:			
Building	Department/Unit	Floor	Room #
Description of the hazard or "near miss" event:			

Name of person reporting: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you wish to be notified of how this problem is addressed?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Send report to: \_\_\_\_\_

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*(For Use by Safety Office)*

Date received: \_\_\_\_\_

Method of investigation: \_\_\_\_\_ Phone call to: \_\_\_\_\_

On-site inspection: \_\_\_\_\_

Disposition: \_\_\_\_\_

Was the person who reported this observation notified that it has been addressed?

\_\_\_\_\_ Yes      \_\_\_\_\_ No