

OU Supervisor's Supplemental Report for **NEEDLESTICKS & SHARPS INJURIES**

to be completed by the immediate supervisor or manager only – please provide full details – please use black ink only

Because of federal and state regulations with regard to bloodborne pathogens, additional information must be provided whenever an employee receives an injury arising from the use or accidental exposure to medical or laboratory devices, such as hypodermic needles, scalpels, etc. Supervisors and managers of any employees injured by such devices are responsible for obtaining and reporting the following information, in addition to providing the regular injury/illness reporting forms.

Employees who have been exposed to potentially infectious and/or hazardous materials should seek treatment within two (2) hours of the exposure. Post-exposure evaluation and follow-up protocols for HIV, HBV, and other infectious diseases will be determined at the time of treatment.

Name of Employee: _____	Social Security #: _____ Date of Injury: _____
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Please list the type and brand name of the device involved in the injury:

Please list any possible contaminants or infectious materials, such as blood or chemicals, with which the device may have been contaminated at the time of the incident:

Signed by: _____
Immediate Supervisor or Manager

Date: _____