

Method and Location of Injury (check all that apply):

Method

- Needlestick
- Blood or body fluids
- Spill
- Aerosol
- Animal Bite/Scratch
- Necropsy
- Broken glass
- Sharps Container
- Other (describe)

Location

Action(s) taken to control incident (e.g. hand washing, spill clean-up, etc.):

Personal Protective Equipment (PPE) Worn at time of Injury

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Scrubs | <input type="checkbox"/> Tyvek |
| <input type="checkbox"/> Surgical gown | <input type="checkbox"/> PAPR |
| <input type="checkbox"/> N-95 respirator mask | <input type="checkbox"/> Face Shield |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Goggles |
| <input type="checkbox"/> Hair Cover | <input type="checkbox"/> Shoes |

Was there a PPE failure?

If yes, explain:
