




**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:
