



University of Pittsburgh
Department of Environmental Health & Safety
SHARPS INJURY REPORT

Please complete all applicable fields. Some fields are required to be completed. These are marked with **.

Employee Last Name **:

Employee First Name **:

Social Security Number or Pitt ID **:

Date of Incident (mm/dd/yy) **:

Occupation:

Department:

Building **: Room Number **:

Type / Brand of Device **:

Please provide a brief description of how the injury occurred, including the task which was being performed as well as any protective equipment worn or utilized **:

Was an animal or human involved? (y/n):

Was immediate treatment sought? If so, where:

Recommendation for preventing recurrence:

Supervisor's Name:

Date:

Please fax this form to 412-624-8524 or email to safety@ehs.pitt.edu