



**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**