

Edison State Sharps Inventory Form

Department/Program: _____

Reviewer Name: _____

Date: _____

| Type of Device <small>(e.g. Syringe, suture needle)</small> | Manufacturer | Model Number | Self Sheathing? <small>If no, why?</small> | |
|--|--------------|--------------|---|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

How to use this form: The Needlestick Safety and Prevention Act requires employers to identify, evaluate, and implement safer medical devices into the workplace on an annual basis. Part of this process necessitates the involvement of non-managerial healthcare workers in evaluating and choosing devices that provide the maximum available protection against needlesticks. This document serves as part of Edison State Community College’s record that the sharps currently being used by college employees and students have been annually reviewed and vetted against the latest advancements in healthcare safety.

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