

APPENDIX J
MSU Environmental Health & Safety (EHS)
Safer Sharps Devices Annual Review Form

Department: _____

Clinic (if applicable): _____

Address: _____

Date: _____

Supervisor or PI: _____

Telephone #: _____

All sharps that are being used where there is exposure to human blood or OPIM must be reviewed on an annual basis. During your annual review of devices, you must inquire about new or prospective safer options.

The purpose of this form is to document:

1. Annual consideration of new safer sharps devices;
2. To determine which sharps devices are currently in use;
3. To document the criteria used in the selection of the safer sharps device in use.

Please complete the table on page 2 of this form by filling out the appropriate information for all sharp devices in your department/clinic/lab, both safety and non-safety. (i.e. scalpels, syringes with needles, IV's with needles attached, capillary tubes, lancets)

Keep this form with your departmental records

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SHARPS CURRENTLY IN USE

Name of Sharp	Manufacturer	Size(s) in Use	Safety Sharp?	If Yes:	If No:
			Yes or No	Evaluation forms on file?	State the reason

In accordance with the MIOSHA Bloodborne Infectious Diseases Standard, I certify that I have reviewed the new commercially available safer sharps and considered evaluation and use. I will evaluate new devices per MSU's Bloodborne Pathogens Exposure Control Plan and keep all evaluation forms with department records.

Supervisor Signature/Date