

# 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 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 on each of the sharp devices that you are using. This includes all scalpels, syringes with needles, IV's with needles attached, capillary tubes, and lancets.

| For assistance in your annual review of safety sharps, the following website may be helpful:

[www.healthsystem.virginia.edu/internet/epinet/safetydevice.cfm](http://www.healthsystem.virginia.edu/internet/epinet/safetydevice.cfm)

(The International Healthcare Worker Safety Center at the University of Virginia Health System)

**Keep this form with your departmental records**

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### **SHARPS CURRENTLY IN USE**

Name of Sharp	Manufacturer	Size(s) in Use	Is it a Safety Sharp? (Yes or No)	Are there evaluation forms on file for this device?	If not using a safety device, 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