

ANNUAL REVIEW SHARPS SAFETY PROGRAM - DENTAL

1. Review Use of Sharps (SHA502) and Hazard Assessment Certification (DOC101D) forms to ensure current inventory of sharps meets the needs of the practice/facility.
2. Review of the Sharps Injury Log or incident reports.

Name of Device	Times involved in incident	Safety device? Yes or No

3. Request feedback on sharps safety program from front line clinical staff.

Staff meeting. Date: _____

Committee Meeting: Date: _____

*See back of document or attached documentation of staff feedback.

4. The following journals, periodicals, websites, catalogs were reviewed, and/or the following vendors were contacted:

5. Product evaluation (Check one of the following boxes)

No products were evaluated for implementation at this time based on employee input, review of sharps injuries, and new product review.

The following product(s) were evaluated for implementation. Use SHA 503, SHA504A, SHA504B and/or SHA505 to document the evaluation process.

Name of Device	Implemented? Yes/No	If no, reason for not selecting the product
		<input type="checkbox"/> Use jeopardizes patient safety or the success of the procedure <input type="checkbox"/> Is not more effective in preventing exposure incidents
		<input type="checkbox"/> Use jeopardizes patient safety or the success of the procedure <input type="checkbox"/> Is not more effective in preventing exposure incidents
		<input type="checkbox"/> Use jeopardizes patient safety or the success of the procedure <input type="checkbox"/> Is not more effective in preventing exposure incidents

Signature OSHA Compliance Officer

Date

Employee feedback on sharps safety program and work practice controls.

