Employee Input Form

Needlestick Safety and Prevention Act of 2000

In order to promote a safe and healthy workplace, _______________________________
(laboratory name) solicits input from the employees on the identification, evaluation, and selection of appropriate workplace devices used in the collection of blood, administration of injections, certain laboratory procedures, animal procedures and some surgical procedures.

The regulations for these offices regarding sharps (needles, blades, and suture needles) are contained in the Exposure Control Plan. Specific policies on recapping needles, locating and disposing of sharps containers, and handling of other materials that might injure the employee by percutaneous exposure to blood, blood products, or OPIM are outlined in that document. It is the employee’s responsibility to know and follow these requirements.

If you have suggestions regarding the use of new, safer devices that might protect you from percutaneous exposure to hazardous or infectious agents, blood, blood products, or OPIM during the performance of your duties, please place your suggestions in the area below.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If in the future you become aware of situations that you feel are hazardous in your area, please communicate with your supervisor or Safety Affairs.

If you have no suggestions at this time please check the BOX below, sign and date this form.

☐ I have no suggestions concerning new medical devices as of this date.

_______________________________________________________  Date: _______________

Name        Lab