Department:_____ **Reviewer Name(s):**_____

Sharps Inventory

Date: __/__/12

Type of Device (syringe, suture needle, etc.)	**Manufacturer**	**Model Number**	**Self-Sheathing?** If no, why?	
			☐Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

How to use this form:

The Needlestick Safety and Prevention Act, a legally binding act as of July 17, 2001, 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 American University's record that the sharps currently being used by university employees have been annually reviewed and vetted against the latest advancements in healthcare safety.