

SHARPS SAFETY EXCEPTION LETTER

Please fill in the following information when requesting an exception to the use of a safety sharp product. If you are requesting an exception for a department/cost centers, please list all department/cost centers names/numbers. As you type in this template table the table will expand.

Date:	
To:	Susan Sutherland, RN, Mgr, Employee Health (Fax# 916-734-7510)
From:	
Department:	
Cost Center(s):	
Reason Safety Product cannot be used is:	
Reason an alternative Safety size cannot be substituted:	
Product Description:	
Catalog Number:	
Manufacturer:	
What is the medical necessity for a Non Safety Product that you are requesting to use:	
Product Description:	
Catalog Number:	
Manufacturer:	

I agree to trial any future safety products that could replace this non-safety needle. _____ yes _____ no
 If approved I will keep all non safety needles under lock and key away from general use _____ yes _____ no

Approvals are good for one year from this date, after this date _____ this approval is expired.

Submitted by:

Exception is: Approved Not Approved -as it did not meet a medical necessity

Susan Sutherland, RN, Mgr, Employee Health and the Infection Control Committee DATE