

Complete this form for all injuries and illnesses within 24 hours. When complete, print form, get necessary signatures, and make two photocopies. Forward the original to Security Office and forward a photocopy to the Human Resources Department. The affected person keeps the remaining photocopy.

## INFORMATION ABOUT THE INJURED PERSON

FULL NAME \_\_\_\_\_ SID \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  MALE  FEMALE

STUDENT  VISITOR  EMPLOYEE    JOB TITLE \_\_\_\_\_

HRS/DAY \_\_\_\_\_ DAYS/WEEK \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

## INFORMATION ABOUT THE CASE

DATE OF INJURY OR ILLNESS \_\_\_\_\_ TIME OF EVENT \_\_\_\_\_  AM  PM

TIME INJURED PERSON'S SHIFT STARTED \_\_\_\_\_  AM  PM    LOCATION (BUILDING/ROOM) \_\_\_\_\_

What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the injured person was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; or "daily computer key-entry."

What happened? Tell us how the injury occurred. Examples: "When the ladder slipped on wet floor, worker fell 20 feet"; "worker was sprayed with chlorine when gasket broke during replacement"; or "worker developed soreness of wrist over time."

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; or "carpal tunnel syndrome."

What object or substance directly harmed the injured person? Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave it blank.

## INFORMATION ABOUT THE MEDICAL TREATMENT

EXTENT OF TREATMENT:  NONE  FIRST AID  MEDICAL TREATMENT

IF TREATMENT WAS GIVEN AWAY FROM THE WORK SITE, WHERE WAS IT GIVEN?

DR. NAME \_\_\_\_\_ FACILITY \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WAS THE INJURED PERSON TREATED IN AN EMERGENCY ROOM?  YES  NO

WAS THE INJURED PERSON HOSPITALIZED AS AN INPATIENT?  YES  NO

## SIGNATURES

WITNESS \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

INJURED PERSON'S SIGNATURE \_\_\_\_\_

SUPERVISOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## FOR HUMAN RESOURCES OFFICE USE ONLY

L&I CLAIM RECORDABLE?  YES  NO

If the injured person died, date of death \_\_\_\_\_

DID INJURED PERSON FILE A LABOR & INDUSTRIES REPORT?  YES  NO CLAIM # \_\_\_\_\_

DATE HIRED \_\_\_\_\_ CASE # FROM LOG \_\_\_\_\_

DATES LOST FROM WORK \_\_\_\_\_ TO \_\_\_\_\_

DATES ON RESTRICTED DUTY \_\_\_\_\_ TO \_\_\_\_\_

## FOR EHS USE ONLY