



EMPLOYEE REPORT OF INJURY/ILLNESS

SECTION I: EMPLOYEE PERSONAL INFORMATION

Employee Name		Job title	Campus/Department
Home Address			Phone Number
Date of Birth	Last 4 of social security #	Time you began work _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Please check all that apply: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Classified <input type="checkbox"/> Academic <input type="checkbox"/> Confidential <input type="checkbox"/> Manager <input type="checkbox"/> Substitute/Hourly <input type="checkbox"/> Student			
Type of injury (check one):			
<input type="checkbox"/> Animal bite <input type="checkbox"/> Struck by or against object <input type="checkbox"/> Repetitive motion (Ergonomic) <input type="checkbox"/> Cut or wound <input type="checkbox"/> Burn <input type="checkbox"/> Fall/slip/trip <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Puncture and/or bodily fluid exposure <input type="checkbox"/> Lifting, pushing, pulling, or other material handling activities <input type="checkbox"/> Other (specify): _____			
Date of Injury/Illness	Location of injury/illness	Time of Injury _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No Specific name(s):		Was anyone else injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Specific name(s):	
Was the accident preventable <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		Who did you notify regarding this injury/illness?	

SECTION II: REPORT

Describe fully how accident occurred (including events that occurred immediately before the accident):	
Describe bodily injury sustained (be specific about body part(s) affected)	
Recommendation on how to prevent this accident from reoccurring:	
Employee signature	Date