

# Occupational Injury or Illness Incident Report

Employee Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Mail Address: (No. and street, city, state, and zip code): \_\_\_\_\_

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1. The accident or exposure occurred on employer's premises, give address of location or establishment in which it occurred. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible.

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2. Was place of accident or exposure on employer's premises? ( ) yes ( ) no

3. What was employee doing when injured? (Be specific. If he was using tools or equipment or handling material, name them and tell what he/she was doing with them.)

\_\_\_\_\_

\_\_\_\_\_

4. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which lead or contributed to the incident. Use separate sheet for additional space.)

\_\_\_\_\_

\_\_\_\_\_

5. Date of injury: \_\_\_\_\_ Time of injury: \_\_\_\_\_

6. Time Employee Began Work: \_\_\_\_\_

7. Did employee receive medical attention? ( ) yes ( ) no

8. Where did employee receive medical attention? \_\_\_\_\_

9. Did employee miss time from work? ( ) yes ( ) no How much time? \_\_\_\_\_

10. Has employee returned to work? ( ) yes ( ) no If yes what date: \_\_\_\_\_

11. Specific injury or illness: \_\_\_\_\_ Body part affected: \_\_\_\_\_

12. Date prepared: \_\_\_\_\_

13. Preparer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

14. Date forwarded to Personnel Office: \_\_\_\_\_
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