

**STAFF INJURY AND ILLNESS
INCIDENT REPORT****Information about the employee:**

Full Name _____ Street _____

City _____ State _____ ZIP _____

Date of Birth ____/____/____ Date Hired ____/____/____

☐ Male ☐ Female**Information about the physician or other health care professional:**

Name of physician or other health care professional _____

If treatment was given away from the worksite, where was it given?

Facility _____

Street _____ State _____ ZIP _____

Was employee treated in an emergency room?

☐ Yes ☐ No

Was employee hospitalized overnight as an in-patient?

☐ Yes ☐ No**Information about the case:**

Case number from the Log _____ (Transfer the case number from the Log after you record the case.)

Date of injury or illness ____/____/____

Time employee began work _____ AM/PM

Time of event _____ AM/PM

☐ Check if time cannot be determined

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

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in 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"; "carpal tunnel syndrome."

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

If the employee died, when did death occur? Date of death ____/____/____

Completed by: _____

Title: _____

Phone: (____) _____

Date: ____/____/____