EMPLOYEE STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

EMPLOYEE PERSONAL INFORMATION

EMPLOYEE NAME: ____________________ EMPLOYMENT SITE: ____________________

HOME ADDRESS: ____________________ PHONE NUMBER: ____________________

____________________ DATE OF BIRTH: ____________________

JOB TITLE: ____________________ SOCIAL SECURITY #: ____________________

WORK HOURS: ____________________

PLEASE ANSWER ALL THE QUESTIONS BELOW AND SUBMIT TO YOUR SUPERVISOR.

1. DATE OF INJURY/ILLNESS: ____________________ DATE REPORTED: ____________
2. TIME YOU BEGAN WORK: ______ ☐ AM ☐ PM TIME OF INJURY: ______ ☐ AM ☐ PM
3. EXACT LOCATION WHERE INJURY/ILLNESS OCCURRED: ______________________________

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   ____
4. PLEASE LIST ANY UNSAFE CONDITIONS/ACTS: ______________________________

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5. PLEASE STATE SPECIFIC PART OF BODY AFFECTED AND TYPE OF INJURY: ______________

   ____
6. Body part injured (check all that apply and indicate left and/or right):

_____ Head	_____ Upper back	_____ Finger (which?)	_____ Ankle
_____ Face	_____ Lower back	_____ Upper leg	_____ Foot
_____ Eye	_____ Arm	_____ Lower leg	_____ Toe (which?)
_____ Neck	_____ Wrist	_____ Knee	_____ Other____________

Nature of injury or illness:

_____ Scrape	_____ Burn	_____ Fracture	_____ Cold-related problem
_____ Cut	_____ Sprain/strain	_____ Skin problem	_____ Loss of consciousness
_____ Puncture	_____ Foreign body	_____ Chemical-related problem	_____ Respiratory
_____ Bruise	_____ Poisoning	_____ Heat-related problem	_____ Other

7. PLEASE STATE EQUIPMENT, MATERIALS AND/OR CHEMICALS BEING USED WHEN INJURY OCCURRED:

   ____

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8. EXPLAIN THE CIRCUMSTANCES AND/OR ACTIVITY RELATED SPECIFICALLY TO THE INJURY/ILLNESS. DESCRIBE THE SEQUENCE OF EVENTS THAT LED TO THE INCIDENT THAT DIRECTLY AFFECTED THE INJURY/ILLNESS.

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9. WAS ANYONE ELSE INJURED? ☐ NO ☐ YES: (IDENTIFY) ____________________

10. WHO DID YOU NOTIFY REGARDING THIS ACCIDENT/ILLNESS: ____________________

11. PLEASE NAME ANY WITNESSES: ______________________________

SIGNATURE ______________________________ DATE __________________________