

# Report of Workplace Injury

**Instructions:** Injured Individual must complete this report, and send the information to your Supervisor for review. If the injured individual is unable to complete the form, then your Supervisor must do so.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Last 4 Digits of SSN:** \_\_\_\_\_  
**Campus:** \_\_\_\_\_ **Campus Ext.:** \_\_\_\_\_ **Shift Start Time:** \_\_\_\_\_

**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_ **Location of incident:** \_\_\_\_\_

**Body Part Injured: (Select All Applicable):**

Left: Right	Left: Right:	Left: Right:
Head	Abdomen	Leg
Eye	Shoulder	Knee
Neck	Arm/Elbow	Foot/Ankle
Back	Hand/Wrist	Toe(s)
	Finger(s)	

**Description of injury:**

**Previous injury to the same body part?** \_\_\_\_\_ **If yes, please select the date of the previous injury:** \_\_\_\_\_

**Description of activity surrounding the injury:**

**Body fluid exposure:** \_\_\_\_\_ **Hazardous material exposure:** \_\_\_\_\_

**If a non - work related injury, please explain:**

**Type of Occurrence**

No apparent injury	Fracture	Cumulative Trauma	Animal Bite
Strain/sprain	Infection	Occupational Disease	Needle Stick
Contusion	Burn	Other (please explain):	
Laceration	Allergic Reaction		

**Possible Cause (Select All Applicable):**

Unaware of hazard	Premises defect	Inadequate training
Unclear as to policy/procedure	Policy not followed	Equipment malfunction/handling
Inadequate protective equipment/clothing	Poor lighting	
Improper body mechanics	Material on floor (please specify):	
Other (please specify):		

**Planned Action for Future Prevention:**

**Initial Disposition:**

No treatment necessary	First Aid in Department	Immediate Care Center
Refused Treatment	Employee Health	Personal Physician
		Hospital ER

**Lost Time Expected:**

**Estimated Number of Days:**

Name of **Supervisor** during occurrence & Extension:

Name of **Witness** during occurrence & Extension:

Was the above report completed by the injured individual?  
If not, by whom?

Report reviewed by Supervisor?