



Employee Report of Accident, Injury or Illness

(includes Staff, Faculty & Student Workers)

EMPLOYEE _____
 LOCATION OF ACCIDENT _____
 DATE OF INJURY _____
 ACCIDENT REPORTED TO _____
 DATE ACCIDENT REPORTED _____
 C.P.S. NOTIFIED? _____ WHEN? _____
 OSHA FORM 801 FILED? YES NO (REQUIRED FOR WORKER'S COMPENSATION COVERAGE)

JOB TITLE _____
 DATE OF HIRE _____
 SUPERVISOR _____
 TIME OF INJURY _____
 TIME REPORTED _____
 C.P.S. REPORT NO. (IF KNOWN) _____

PART(S) OF BODY AFFECTED

NATURE OF INJURY

<u>HEAD/NECK</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
NECK	___	___
EARS	___	___
EYES	___	___
MOUTH	___	___
TEETH	___	___
FACE	___	___

CUT	FOREIGN BODY
SCRAPE	BURN
BRUISE	ELECTRIC SHOCK
SKIN RASH	PAIN
AMPUTATION	JAMMED APPENDAGE
CRUSH	OTHER _____

<u>UPPER EXTREMITIES</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
SHOULDER	___	___
UPPPER ARM	___	___
ELBOW	___	___
FOREARM	___	___
WRIST	___	___
HAND/FINGERS	___	___

PROVIDE DETAILS OF WHAT/HOW BODY PARTS INJURED: _____

<u>LOWER EXTRIMITIES</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
THIGH	___	___
LOWER LEG	___	___
KNEE	___	___
ANKLE	___	___
FOOT/TOES	___	___

HAVE PART(S) BEEN INJURED PREVIOUSLY? IS THERE ANY PRE-EXISTING CONDITION AFFECTING THIS INJURY? _____

<u>TRUNK</u>	<u>LEFT SIDE</u>	<u>RIGHT SIDE</u>
LOWER BACK	___	___
UPPER BACK	___	___
CHEST	___	___
ABDOMEN	___	___
HIP	___	___
GROIN	___	___

UNSAFE CONDITIONS

Defensive machinery (Save broken Parts and Pieces)
 Unsafe Clothing
 Faulty Floor or Surface
 Poor Housekeeping
 Tool or Equipment Broken (Save broken Parts/Pieces)
 Misused Tools

SAFETY EQUIPMENT IN USE

Proper Footwear
 Safety Glasses/Goggles
 Face Shield
 Gloves
 Apron
 Seat Belt/Harness
 Hearing Protection
 Respirators

SAFETY EQUIPMENT

Adequate
 Inadequate
 Improperly Used
 Not Available
 Not Used
 Damaged

SAFETY RULES

Adequate
 Inadequate
 Improperly Followed
 Not Followed
 Not Enforced
 Not Known by Employees

WORK BEHAVIOR

Moving Work Materials	Pushing/Pulling Equipment, Materials or Machinery	
Driving Vehicle	Working Beyond Skill Level	Horseplay
Failure to Get Assistance	Inattention to Surroundings	Assault by/of employee
Lifting or Carrying Equipment, Tools, Etc.		

EXPLAIN WHAT THE EMPLOYEE WAS DOING JUST PRIOR TO AND AT THE TIME OF THE ACCIDENT. (USE SEQUENCE OF EVENTS – BE SPECIFIC.) _____

DESCRIBE FIRST AID GIVEN. (WHEN AND BY WHOM.) _____

HOW LONG HAS EMPLOYEE WORKED ON THIS SPECIFIC JOB/ASSIGNMENT? _____

WHAT DOES EMPLOYEE THINK CAN BE DONE TO PREVENT RECURRENCE? _____

WHO WITNESSED THIS ACCIDENT / INCIDENT? _____

WITNESS(ES) REPORT OF ACCIDENT *(USE OTHER PAPER AS NECESSARY)* _____

CORRECTIVE ACTION NEEDED

Improved Design	Improved Housekeeping	Safety Devices	Personal Productive Equip.
Repair or Replace Equipment	More Direct Supervision	Job Safety Analysis	Maintain Clean Work Area
Training	Establish Rules/Procedures	Discipline (Rule Enforcement)	

COMMENTS ON CORRECTIVE ACTION _____

WAS INJURY/DISEASE/ACCIDENT CAUSED BY PERSON(S) NOT EMPLOYED BY US? INCLUDE NAME(S) AND ADDRESS(ES) _____

IS THERE ANY REASON TO QUESTION THIS AS A JOB-RELATED EVENT? Yes No Unknown (IF YES, USE MORE PAPER AS NEEDED.) _____

INJURED EMPLOYEE'S SIGNATURE _____ **DATE** _____

SUPERVISOR'S SIGNATURE _____ **DATE** _____

WITNESS(ES) SIGNATURE _____ **DATE** _____

RETURN FORM TO HUMAN RESOURCES, UC 678