

Section I: Information about the injured person

First name _____ Last name _____
SSN _____ Date of birth _____ Male _____ Female _____
Home address _____
City _____ State _____ Zip _____
Home phone _____ Work phone _____
Role at University of Memphis: Student _____ Visitor _____ Employee _____ (if employee, complete following)
Employee job title _____ Department _____
Supervisor name _____ Supervisor job title _____
Supervisor phone number _____

Section II: Information about the physician or other health care professional

Name of physician or other health care professional, if treated _____
If treatment was given away from the worksite, name of facility _____
Facility address _____
City _____ State _____ Zip _____
Was employee treated in an emergency room? Yes _____ No _____
Was employee hospitalized overnight as in-patient? Yes _____ No _____

Section III: Information about the accident

Date injury or illness occurred or was diagnosed _____ Location of accident _____
Time employee began work _____ Time of incident _____
Date employer notified of injury/illness _____ Date employer notified of lost work time _____
Days away from work (do not count day of injury/illness)* _____

*If the injured person misses work for this injury/illness following the submission of this report, please contact Employee Safety and Health at 292 Administration Building or 678-1625 and Employee Benefits at 167 Administration Building or 678-3573.

Days of restricted work activity _____

What was the employee doing immediately 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 a hand sprayer"; "daily computer key-entry."

What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, the worker fell 20 feet"; "Worker was sprayed with chlorine when a 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". Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed the employee? Example: "concrete floor"; "chlorine"; "radial arm saw." (if this questions does not apply to incident, leave it blank)

What has been done to prevent same or similar accident from recurring?

Section IV: Signatures

Injured person _____

Date _____

Supervisor _____

Date _____

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employee to the extent possible while the information is being used for occupational safety and health purposes.

Section V: For Employee Safety and Health Use

OSHA Case Number _____

Date of follow-up with injured person _____

Notes
