

FIRST REPORT OF INJURY OR ILLNESS

This side of the report must be completed by injured employee's supervisor after any incident, regardless of severity. SUBMIT THIS WITHIN TWENTY-FOUR (24) HOURS OF THE INJURY/ILLNESS to the Department of Human Resources, Jones Hall, 108, 678-2601. PLEASE PRINT.

Information about the employee

1) Full name _____ Social Security # _____ Male _____ Female _____
Street _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone # _____ Date of birth ____ / ____ / ____ Date Hired ____ / ____ / ____
2) Classification at the University of Memphis _____ Student _____ Visitor _____
_____ Employee (Job Title) _____ Department _____

Information about the physician or other health care professional

1) Name of physician or other health care professional _____
2) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____ City _____ State _____ ZIP _____
Was employee treated in an emergency room? Yes _____ No _____ Was employee hospitalized over night as an in-patient? Yes _____ No _____

Information about the accident

1) Date injury or illness occurred or was diagnosed ____ / ____ / ____ Time employee began work _____ AM _____ PM _____
Time of incident _____ AM _____ PM _____ Time unknown _____ If the employee died, when did death occur? Date of death ____ / ____ / ____
Location of accident _____
Days away from work (Do not count day of injury/illness) _____ Days of restricted work activity _____
2) What was the employee doing right 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."
3) 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."
4) What was the injury or illness? Tell us the part of the body that was affected and how was it affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back," "chemical burn, hand," "carpal tunnel syndrome."
5) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." (If this question does not apply to incident, leave it blank)
6) What has been done to prevent same or similar accident from recurring?

Signature of injured person _____ Date ____ / ____ / ____
Signature of supervisor _____ Date ____ / ____ / ____
Job title _____ Phone # (____) _____

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