

Grays Harbor College Injuries and Illnesses Report

Case number from the Log _____

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.



U.S. Department of Labor

Occupational Safety and Health Administration

Employee: Within **2 working days** after a work related injury or illness, fill out this report, sign it, and submit it to your supervisor for approval and signature.

Supervisor: Review, sign and submit this report to the Human Resources office within **7 days** of the injury or illness

Information about the employee

- 1) Full Name _____
- 2) Address _____
City _____ State _____ Zip _____
- 3) Date of birth _____
- 4) Male
 Female

Information about treatment for the injury/illness

- 5) Name of physician or other health care professional

- 6) If treatment was given away from the worksite, where?
Facility _____
Street _____
City _____ State _____ Zip _____
- 7) Was employee treated in an emergency room?
 Yes
 No
- 8) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 9) Date of injury or onset of illness _____
- 10) Time employee began work _____ AM/PM
- 11) Time of event _____ AM/PM
 check here if time can't be determined
- 12) Names of witnesses: _____

- 13) To whom was the injury/illness reported? _____
- 14) **What was the employee doing just before the incident occurred? Where?** 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"; "daily computer entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker developed soreness in wrist over time."

- 16) **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." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) **If the employee died, when did death occur?** _____
date of death

- 19) **What recommendations do you have for prevention of this type of injury?**

Injured employee signature date

Supervisor signature date

If the employee is unable to fill out this report due to his/her injury, it is the responsibility of the supervisor to complete and submit it to the Human Resources Office.