

INJURY AND ILLNESS INCIDENT REPORT

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

Employees of Casper College, including Student Workers, involved in on-the-job incidents resulting in personal illness or injury are required to report the incident to their immediate supervisor and the Human Resources Office, no matter how minor the injury may have been. This form and a **Wyoming Worker's Compensation Report of Injury** must be completed and submitted to Human Resources **within 72 hours** after the incident occurred. The employee's supervisor is responsible for completing these forms when the employee is unable to because of severe injury or death.

For automobile accidents, in addition to completing this form, you must also contact the Director of Human Resources. For *non-injury* incidents involving damage to college property, complete the Non-Injury Incident Report Form.

Answer all questions thoroughly. **Complete both pages 1 and 2.**

FOR HUMAN RESOURCES USE ONLY:

Case number from the OSHA Log _____.
Transfer the case number from the Log after you record the case.

INFORMATION ABOUT THE EMPLOYEE/STUDENT

- 1) Full Name: _____
- 2) Street: _____
City: _____ State: _____ Zip: _____
- 3) Female Male
- 4) Date of birth: ____ / ____ / ____
- 5) Date of hire: ____ / ____ / ____
- 6) Job Title _____
- 7) If third party injury, employer's name, address, phone:

INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL

- 8) Name of physician or health care professional

- 9) If treatment was given away from the worksite, where was it given?
Facility Name: _____
Street: _____
City: _____ State: _____ Zip: _____
- 10) Was employee treated in an emergency room?
 Yes No
- 11) Was employee hospitalized overnight as an in-patient?
 Yes No

INFORMATION ABOUT THE CASE

- 12) Date of Injury or Illness: _____
- 13) Time employee began work: _____ AM PM
- 14) Time of event: _____ AM PM Check if time cannot be determined
- 15) **If the employee died, when did death occur?** Date of death _____
- 16) **What was the employee doing just 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 hand sprayer"; "daily computer key-entry". _____

- 17) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time". _____

- 18) **What was the injury?** 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". _____

- 19) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, write N/A. _____

MORE QUESTIONS ON PAGE 2

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INFORMATION ABOUT THE CASE, CONTINUED

20) **Location of event.** Tell us where the event took place. Be as specific as possible.
Examples: "West outside staircase of Aley Fine Arts Building"; "Parking lot to the east of the Administration Building"; "Ladies restroom, lower level, Strausner Student Center"; "classroom, PS 103". _____

21) **Do you believe this is a work-related event?**
 Yes No Explain: _____

22) **Did you report this event to your supervisor?**
 Yes Name of Supervisor _____
 No Explain why you did not report this event to your supervisor: _____

23) **List the name(s) of any witnesses to this event:**

Each witness must complete a Witness Statement Form

Name of witness Dept, phone or other contact info

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Name of witness Dept, phone or other contact info

24) **List any equipment that was involved and describe any damage to that equipment:**

25) _____ / ____ / ____
SIGNATURE OF PERSON COMPLETING FORM DATE SIGNED

26) _____
PRINT OR TYPE NAME SIGNED IN ITEM #25

TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

27) **Did you witness the event?**
 No
 Yes Describe what you witnessed: _____

28) **If you did not witness the event, when did the employee report the event to you?**
Date _____ Time _____ AM PM

29) **For OSHA reporting, mark all that apply to this illness or injury:**
 Missed work
 Loss of consciousness
 Restricted work activity or job transfer
 Medical treatment beyond first aid
 Diagnosis by a physician or licensed health care professional
 Exposed to lead, cadmium, methylene chloride, formaldehyde, benzene
 Hearing loss
 Exposed to TB

30) **Other pertinent information regarding this event:**

31) _____ / ____ / ____
SIGNATURE OF SUPERVISOR DATE SIGNED

TO BE COMPLETED BY HUMAN RESOURCES:

32) _____ / ____ / ____
Received by Date Received

33) If employee missed work due to this illness or injury, record the dates missed:

34) If the employee died, when did death occur? Date of death: ____/____/____

35) Other Info: _____
