

Injury Report & Investigation Form

To be completed by the employee's supervisor or other responsible administrative official.

Incident Tracking Number:

Complete and submit this form to the HR Office no later than the next working day after the accident. Copy to file.

	or other responsible administrative official. accident. Copy to file.									
*Only fields relevant to the injury need to be completed										
Incident Information			Subject's Relation	onship to the Univer	sity Mark all that a					
Day Date	Tin	ne	Employee	Faculty		Full Time				
Location			PhilaU Studer Visitor / Gues			Part Time Casual				
Deleted an Affected Demonstrate			Other		t Starr t Worker	Casaar				
Related or Affected Department Employer Notified Date	Time				Ti	ma				
Employer Notified Date Subject's Information	Time		Supervisor Notif	ned Date	111	me				
Name Name	Mal	e Female	DOB	ID#						
Residence	Contact	le l'emaie	БОВ	Employer	* PhilaU	Other				
Street		ne, Home		Employer	Timac	Other				
Sacce		ne, Mobile / Cell								
City	e-mail, F			Telephone,	Telephone, Work					
State Zip Code	Other				e-mail, Work					
* If PhilaU employee note Department,	Supervisor & Job Title.	·								
Injury / Illness Information	N/A									
Nature of Injury Mark all tha			Body Part(s) Inju		all that apply 🗹					
Hearing Loss Abrasion	Contusion	Fracture	Abdomen	Eye	Hip	Shoulder				
Poisoning Amputation Respiratory Bruise	Cut-laceration Death/Fatality	Hernia Infection	Ankle Arm, upper	Finger Foot	Knee Leg	Skin Thigh				
Condition Burn, chemical	Dermatitis	Needle stick	Back	Forearm	Lungs	Thumb				
Skin Disorder Burn, thermal	Dislocation	Puncture wound	Chest	Groin	Multiple	Toe				
Other Illness Concussion	Electrical shock	Sprain / Strain	Ear	Hand	Neck	Wrist				
Other Injury Carpal tunnel	Eye injury		Elbow	Head	Other					
Mark diagram at loca	ition of injury	,								
Male		emale	6	Right hand Left hand						

Treatment	Mark a	ıll tha	ıt apply 🛭	<u> </u>		*If Subj	*If Subject is deceased, date of death:									
N/A Not needed			No Medical Care on scene				Treated on Scene by DPS				Clinic / Hospital					
Requested by Subject			Self	Care on so	ene	Treate	Treated on Scene by EMS				University Health Center					
Recommended			First	Aid provi	ded on sc	ene Transp	orted by S	elf			Panel Physician					
Provided			Non	-Emergeno	cy care	Transp	orted by D	PS			Subject's Physician					
Refused by Subject		T	Emergency Medical care				Transported by EMS				Emergency Department					
If other, describe?																
Returned to Duty Y		N	Est. Date	of Return	ı '	Y N Restricted	Duty	Y	1	N Es	st. Dur	ation				
Notes & Comments																
Trotes & Comments																
I	17															
Incident Information Review												_				
Discuss the accident w					ed and v	with any witnesses.	Be sure	e to que	estion t	he wl	hy, w	hat,	where,	, when	ı, who),
how, and any other as	pects	of tl	he accio	dent.												
Subject Interviewed	7	7	N	N/A	Date	Incident 1	nformation	n Corrobo	orated	Y	7	N	Date			
Department Head Contacted	Ŋ	7	N	N/A	Date	Recommo	Recommendations Made				7	N	Date			
Supervisor Interviewed	3	7	N	N/A	Date	Incident	Investigat	ion Clos	ed	Y	7	N	Date			
Witness(s) Interviewed	, <u>, , , , , , , , , , , , , , , , , , </u>		N	N/A	Date		ental Inve			Y	_	N	Date			
Notes & Comments			11	14/21	Dute	Биррісіі	ciitui iii v	or Dugge	oteu -			.,	Dute			
Notes & Comments																
									_							
Training & Safety Review ✓		1		-		ard Operating Procedure			al Protec			ent – F	PPE			
SOP's for Activity In-place	7	_	N	N/A		Known to Subject	Y	N	SOP's I	_				Y		N
Special Training Needed	}	7	N	N/A		g Provided	Y	N	Trainin					Y	1	N
Safety Equipment In-place	3	7	N	N/A	Safety I	Equipment Used	t Used Y N Safety Ec			Equipm	ent D	isable	d	Y	1	N
PPE for Activity Needed	7	7	N							ed				Y	1	N
Notes & Comments																
								ì								
Incident Leastion & Equipp	nont C	ondi	tion Dovi	ow 17				<u>'</u>								
Incident Location & Equipment					C C 337	1.4		l NT	C C 117	1.	C 1'			37		
Appropriate Work Area		7	N	N/A		ork Area	Y	N		_	rking Conditions Y					N
Appropriate Equipment)	7	N	N N/A Equipment in Good Condition Y N Equipment used as Intended							ntende	ed	Y	1	N	
Notes & Comments																
						Y										
Activity & Experience Revie	w 🗹															
			N	N/A Activity within Training & Y N				N/A Yrs. of Service								
, ,	, ,			Experience												
Activity Assigned by Supervisor			Y	N N/A Activity Assigned by						Yı	Yrs. Experience					
Notes & Comments																
<u>.</u>				<u>, </u>	7											
Investigators Comments																
Recommended Corrective A	ctions	by D	epartme	nt Head		Attach addition	nal pages	as needec	i							
													-			
Person Completing this Report							I	Date Cor	mpleted	1:						
(Name & Title, Contact Telephone Number)																
Health & Safety Committee Investigator																
(Name & Title, Contact Teleph	one Nu	mber)													
							1	Date Completed								