

All Other Editions Are Obsolete

INDIVIDUAL ACCIDENT/INCIDENT REPORT

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Information about the Organization

Name Code (15 digit code including sub-level) Department/Division/ID Code Program Office Symbol

Information about the Employee

1) Full Name 2) ID Number (Do not use social security number) 3) Home Address (Street/City/State/Zip) 4) Date of Birth (YYYYMMDD) 5) Date of Hire (YYYYMMDD) 6) Gender: [] Male [] Female 7) Job Title 8) Occupation Code 9) Experience on this job/equipment [] Under 3 months [] 3 to 12 months [] Over 12 months 10) Length of employment [] Under 3 months [] 3 to 12 months [] Over 12 months

Information about the Physician or Other Health Care Professional

11) Name of physician or other health care professional: 12) If treatment was given away from worksite, where was it given? Name of Facility: Address (Street/City/State/Zip): 13) Was employee treated in an emergency room? [] Yes [] No 14) Was employee hospitalized overnight as an in-patient? [] Yes [] No

Information about the Case

15) Case number Multi-Org Case? [] No [] Yes Multi-Case Number 16) Accident Type: [] Injury/Illness [] Non-recordable Injury/Illness 17) Investigation Type: [] A [] B [] C [] NR 18) Accident Place: [] Indoors [] Outdoors 19) On Employer's Premises [] Yes [] No 20) Specific Location: 21) Date of Injury or Illness (YYYYMMDD) 22) Time employee began work (military) 23) Is time of event known: [] Yes [] No 24) Time of event (military) 25) OSHA Injury/Illness Classification: [] Injury [] Skin Disorder [] Respiratory conditions [] Poisoning [] Hearing loss [] All other illnesses 26) Number of days away from work 27) Number of days of restricted work activity or job transfer 28) Permanent transfer to a different job because of disability due to accident [] Yes [] No 29) Terminated because of disability due to accident [] Yes [] No 30) Is the case closed [] Yes [] No

Information about the Case---Continued

31) ACTIVITY: 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."

31-a) Activity code: |_|_|_|_|_|

32) EVENT: 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."

32-a) Event code: |_|_|_|_|_|

33) NATURE of Injury/Illness: What was the injury or illness? Tell us the part of 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."

33-a) Nature code: |_|_|_|_|_| 33-b) Part of body affected code: |_|_|_|_|_|

34) OBJECT: 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.

34-a) Primary object or substance (Source) code: |_|_|_|_|_| 34-b) Other objects/substances codes: |_|_|_|_|_| |_|_|_|_|_|

34-c) Did equipment design or defect contribute to accident cause or severity? [] Yes [] No

34-d) Personal protective equipment code (PPE being used by employee at the time of event): |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

35) Did the employee die [] Yes [] No If "Yes," enter date of death (YYYYMMDD) |_|_|_|_|_| |_|_|_|_|_|

