Company	Site	Case No	Date	Badge	Last Name	First	MI

Establishment / Organization Title

Case No

Revision ◯ Yes ◯ No

Did accident involve more than one reporting organization?

◯ Yes ◯ No

Multiple Case Number:

Accident Type: ◯ Injury/Illness ◯ Motor Vehicle

◯ Property Damage

Date of Occurrence (mm-dd-yyyy)

Time of Event (Military)

Accident Occured: ◯ Indoors ◯ Outdoors

On Employers Premises ◯ Yes ◯ No

Location

Where event occurred/reporting location

Area Category

Company	Site	Case No	Date	Badge	Last Name	First	MI

Check One:

- ◯ Injury/Illness Employee
- ◯ Operator of Equipment/Vehicle
- ◯ Not Applicable

Last Name

First

Home Address

Treat as Privacy Case ◯ Yes ◯ No

Pay Code:

Date of Birth

Sex ◯ Female ◯ Male

Occupation

Time Employee Began Work (Military)

Date of Hire

Experience on this Job/Equipment

- ◯ Under 3 Months
- ◯ 2 to 12 Months
- ◯ Over 12 Months

Company	Site	Case No	Date	Badge	Last Name	First	MI

- ◯ Injury Code (10)

Illness Codes

- ◯ Code 7a(21) - Skin disease or disorders
- ◯ Code 7b(22) - Dust diseases or lungs
- ◯ Code 7c(23) - Resp. due to toxic agents
- ◯ Code 7d(24) - Poisoning
- ◯ Code 7e(25) - Disorders-Physical agents
- ◯ Code 7f(26) - Disorders-Repeated trauma
- ◯ Code 7f(30) - Hearing Loss
- ◯ Code 7g(29) - All others

Workdays Lost [ ] (actual if available or estimated expected)

Workdays Restricted [ ] (actual if available or estimated expected)

Has employee returned to work with no further anticipated workdays lost or restricted?

◯ Yes ◯ No

Permanent transfer to different job because of accident?

◯ Yes ◯ No

Terminated because of accident?

◯ Yes ◯ No

Did employee die? ◯ Yes ◯ No

if "YES", enter date [ ]

Company	Site	Case No	Date	Badge	Last Name	First	MI

Describe the activity in progress at time of accident.

Events

Describe the accident sequentially, beginning with initiating events. Tell what happened, how it happened and end with nature and extent.

Name any objects or substances (e.g., utility knife, glass beaker containing saline solution) involved and tell how they were involved..

Describe the nature of the injury/illness/damage. Name the body part affected if injury or illness., (e.g., amputation of right index finger at second joint)

Name of physician or other health care provider

Name

Address

If hospitalized overnight, name and address of hospital.

Name

Address

Accident Causes

a. Conditions

b. Actions

c. Factors influencing a or b

Company	Site	Case No	Date	Badge	Last Name	First	MI

Corrective Actions (if risk is acceptable, corrective action may not be necessary. If so, include "Not Applicable" in the sections below)

Actions taken

Actions recommended

c. To be completed by (Implementation date) (mm-dd-yyyy)

Corrective Action contact peron

Date (mm-dd-yyyy)

Phone

Company	Site	Case No	Date	Badge	Last Name	First	MI

Report Prepared by / Investigator _____ Date _____ Phone _____

Official Postion ◯ Supervisor ◯ Safety Professional ◯ Other _____

Accident Investigation Contact _____ Phone _____

Worker Supervisor _____ Phone _____

Project Contact _____ Phone _____

Company	Site	Case No	Date	Badge	Last Name	First	MI

Type of Accident

Nature of Injury or Illness

Part Of Body

Agency

Unsafe Condition

Unsafe Act

Unsafe Personal Factor

Task Category

Activity

Major Cause

ISM Weakness

Occupation Category

General Factor

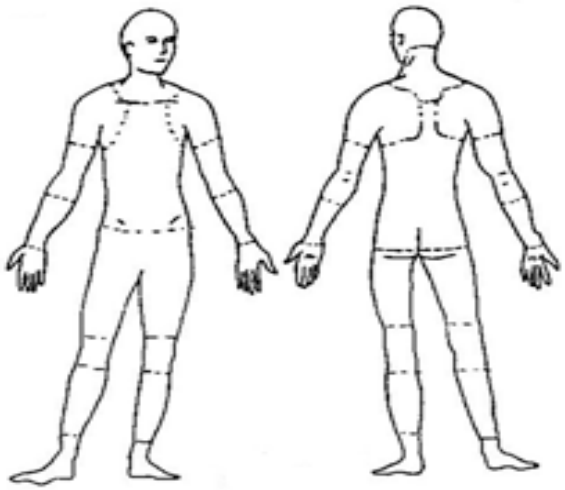
Incident Related? ◯ Yes ◯ No

Gloves ◯ Yes ◯ No

Pre Existing? ◯ Yes ◯ No

Safety Glasses/Goggles? ◯ Yes ◯ No

Respirator? ◯ Yes ◯ No

Safety Shoes? ◯ Yes ◯ No

Part of body affected: (shade all that apply)