

# UNIVERSITY OF NEW HAMPSHIRE

## Report of Injury / Occupational Illness

[to be submitted within **two days** of occurrence]

To be completed by the injured employee

Name (print): \_\_\_\_\_

Social Sec. Number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Date of birth: \_\_\_\_\_

Department: \_\_\_\_\_

Department phone: \_\_\_\_\_

Hourly or annual pay: \$ \_\_\_\_\_  per hour  per year

Date of injury/illness: \_\_\_\_\_ Approximate time: \_\_\_\_\_  am  pm

Place where injury/illness occurred (building/floor/room): \_\_\_\_\_

Describe fully how the injury/illness occurred and indicate what you were doing at the time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the injury/illness in non-medical terms: \_\_\_\_\_

Body part affected: \_\_\_\_\_  left  right

### Type of accident

- |   |  |  |
|---|--|--|
| <input type="radio"/> Contact w/chemical  | <input type="radio"/> Crush                | <input type="radio"/> Electrical Contact |
| <input type="radio"/> Fall from elevation | <input type="radio"/> Fall from same level | <input type="radio"/> Hand tool/"sharps" |
| <input type="radio"/> Material handling   | <input type="radio"/> Noise exposure       | <input type="radio"/> Particle in eye    |
| <input type="radio"/> Repetitive motion   | <input type="radio"/> Struck by /against   | <input type="radio"/> Inhalation         |
| <input type="radio"/> Other: _____        |  | <input type="radio"/> Pinch              |

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Position number: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Hrs/day: \_\_\_\_\_ Days/wk: \_\_\_\_\_

Was medical treatment sought?  yes  no If yes, where: \_\_\_\_\_

Will time be lost?  yes  no If yes, beginning when: \_\_\_\_\_

Was the employee given the WC information on approved providers?  yes  no

**What caused the injury/illness to occur?**

**For example:** **Equipment** (inadequate safeguards, defective equipment)

**Environment** (poor lighting, housekeeping)

**Personnel** (lack of safety instruction or training, lack of skill)

**Method** (procedures, materials used)

**Explain In Detail the Cause of the Injury. There may be more than one causal factor for the injury.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the employee doing something other than his/her required duties at the time of injury?  yes  no

If yes, what, why and directed by whom: \_\_\_\_\_

\_\_\_\_\_

**What corrective actions will be taken to avoid recurrence of this type of accident?**

**List the corrective action(s) required for each "Cause of Injury" identified above.**

*Example: 1) Equipment was missing a guard. Maintenance will be scheduled for equipment repair*

*2) Employee was not properly trained on the use of the equipment. Supervisor will schedule another training session for this employee.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will assume responsibility to ensure the above is completed? \_\_\_\_\_

When will this be completed? \_\_\_\_\_

Supervisor completing this form: \_\_\_\_\_

Department/title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send copies to: Facilities Business Service Center  
Attn: Barbara Beaudette  
6 Leavitt Lane  
Durham, NH 03824  
Fax: 862-0295**

**Environmental Health & Safety  
attn: Patricia Gaudet  
Perpetuity Hall – 11 Leavitt Lane  
Durham, NH 03824  
Fax: 862-0047**