OCCUPATIONAL ACCIDENT/EXPOSURE/ILLNESS REPORT

This form is to be used for reporting any work-related injury, exposure and/or illness.
1. Supervisor and Employee should complete and sign this form immediately after incident.
2. Original to be sent to Human Resources Department, Mail Drop SP211

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Extension</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident or Onset of Illness</td>
<td>Time of Incident or Onset of Illness</td>
<td>Days Off Work (if applicable)</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Principal Investigator (if applicable)</td>
<td>Job Title</td>
</tr>
</tbody>
</table>

I. Describe where the incident occurred (include building, department or lab, etc.):

2. Witness(es) to incident:

3. Describe in detail how the incident occurred:

4. Specific procedure being performed:

5. Type of injury:
   - Sprain/Strain
   - Cut
   - Stick
   - Bruise
   - Rash
   - Splash
   - RMI (Repetitive Motion Injury)
   - Respiratory
   - Other (please describe)

6. Body part injured:

7. Equipment, materials, and/or chemicals being used when incident occurred:
8. Causes of incident (check all that apply):
☐ Housekeeping:  ☐ Slip Hazard  ☐ Trip  ☐ Clutter  ☐
☐ Unsafe Process: Describe
☐ Equipment Failure:  ☐ Defective  ☐ Improper Maintenance  ☐ Other
☐ Defective Material: Manufacturer/Vendor
☐ Training/Instruction:  ☐ Lack of  ☐ Inadequate  ☐ Inappropriate  ☐ Other
☐ Protective Equipment:  ☐ Not Used  ☐ Inappropriate  ☐ Improper Use  ☐ Other
☐ Personnel:  ☐ Horseplay  ☐ Not Following Instructions  ☐ Negligence  ☐ Other
☐ Other (describe):

9. Did the injury occur as a result of a sharp (i.e. needle, razor blade)?
☐ Yes
☐ No  (skip to question #15)

10. Did the injury result in an exposure to blood borne pathogens or other potentially infectious material (i.e. human pathogen)?
☐ Yes
☐ No (skip to question #15)

11. If known, provide manufacturer/brand of the sharp:

12. Did the sharp have engineered injury protection? Yes No

13. If equipped with engineered injury protection, did the injury occur:
☐ Before Activation  ☐ During Activation  ☐ After Activation

14. If the object did not have any engineered protection, could engineered protection have prevented the injury?  ☐ Yes  ☐ No
If yes, please explain how:

15. What could have prevented the incident from occurring? What modified work practices could have prevented the injury?

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employee Signature</th>
<th>Ext.</th>
<th>Mail Drop</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td>Supervisor Signature</td>
<td>Ext.</td>
<td>Mail Drop</td>
<td>Date</td>
</tr>
</tbody>
</table>