

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 TPC-11

Employee Name	Extension	Department
Date of Incident or Onset of Illness	Time of Incident or Onset of Illness	Days Off Work (if applicable)
Supervisor	Principal Investigator (if applicable)	Job Title

1. 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
- Needle 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 Hazard Clutter Other
 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?

Employee Name	Employee Signature	Ext.	Mail Drop	Date
Supervisor Name	Supervisor Signature	Ext.	Mail Drop	Date