



CLAREMONT  
UNIVERSITY  
CONSORTIUM

# Employee's Report

OCCUPATIONAL INJURY/ILLNESS

TO BE SUBMITTED WITHIN **TWO DAYS** OF OCCURRENCE.

Name (*print*) \_\_\_\_\_ Job Title \_\_\_\_\_

1. College \_\_\_\_\_ 2. Department \_\_\_\_\_ 3. Department Phone \_\_\_\_\_

4. Date of *injury/illness* \_\_\_\_\_ 5. Approximate Time of *injury/illness*  AM  PM

6. Time *work shift began* \_\_\_\_\_ 7. Building *where injury took place* \_\_\_\_\_ 8. Floor/Room *where injury took place* \_\_\_\_\_

9. Please describe fully how *injury/illness* occurred and indicate what you were doing at the time. (*describe below*)

10. Please describe the *injury/illness* (*describe below*)

11. Body part(s) affected \_\_\_\_\_ 12.  left  right

13. Type of Accident (*check all that apply*)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Animal/Insect Bite  | <input type="checkbox"/> Collision (car/vehicle)         | <input type="checkbox"/> Foreign Body in Eye | <input type="checkbox"/> Contact with Hot Object |
| <input type="checkbox"/> Electrical Contact  | <input type="checkbox"/> Fall (different/same level)     | <input type="checkbox"/> Material Handling   | <input type="checkbox"/> Repetitive Motion       |
| <input type="checkbox"/> Contusion (bruise)  | <input type="checkbox"/> Fall (liquid/grease spill)      | <input type="checkbox"/> Strain              | <input type="checkbox"/> Contact with Chemical   |
| <input type="checkbox"/> Laceration/Puncture | <input type="checkbox"/> Other ( <i>describe below</i> ) |  |  |

14. Were there any witnesses to your *injury/illness*?  Yes  No

15. If "Yes," name of person(s) \_\_\_\_\_

16. Have you received medical care for this condition?  Yes  No

17. Do you wish to receive medical treatment?  Yes  No

18. If you have received medical treatment for this condition, please provide the following information: Date Seen | Doctor's Name and Address

19. Have you had a similar condition before?  Yes  No

20. If so, when? \_\_\_\_\_

21. In your opinion, what can be done to prevent such an accident from happening again? (*describe below*)

**I HAVE READ THIS STATEMENT AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_