

First Report of Injury

The First Report of Injury is one of the forms you must fill out for any work related Injury, Illness, or Near Miss. This form along with the Worker's Compensation Form 19 will be used for Worker's Compensation consideration. Return the completed and signed form to EHS Box 8007.

Instructions: **Print or Type (you may fill in the form on-line)** Complete all areas. If something **Does Not Apply**, enter "DNA".

Form will be returned if not completely filled out.

Information about the employee

- 1) Full name _____
- 2) Job Title _____ EPA SPA
- 3) Department/Division _____
- 4) Social Security # _____ -- _____ -- _____ Employee ID#: _____
- 5) Home Address _____
 City _____ State _____ ZIP _____ County _____
- 6) Phone (home) _____ - _____ - _____ Phone (work) _____ - _____ - _____
- 7) Birth Date ____/____/____ Age _____ Male Female
- 8) Hire Date ____/____/____ Full Time Part Time Temporary

- 9) Supervisors name: _____ Email address: _____
- 10) Supervisors Signature: _____ 11) Telephone no: _____
- Personnel Representative: _____ Email address: _____

Information about the case

Did the employee:

See a doctor.

Complete this form and a Worker's Compensation Form 19. Have employee complete the "Employee's Statement and Leave Usage" form.

Receive First Aid.

Complete this form only.

Have a Near Miss/Return to Work. No action taken.

Complete this form only.

- 9) Date of Injury/Illness/Near Miss ____/____/____
- 10) Time employee began work _____ AM PM
- 11) Time of event _____ AM PM Check if time cannot be determined

Benefits Office Use Only Ref. Guide and Form 18 mailed to employee: _____ Initial Letter to Supv. Sent: _____

- 12) **Tell us where the incident occurred.** On campus Off campus
 Be specific. Examples: " Daniels Hall, room 2222"; "Administrative Services parking lot"; " CVM, A234"; "Hillsboro Street."
- 13) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; spraying chlorine from hand sprayer"; daily computer key-entry."
- 14) **What Happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; Worker was sprayed with chlorine when gasket broke during replacement"; Worker developed soreness in wrist over time."
- 15) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore". Example: "strained back"; chemical burn, hand"; carpal tunnel syndrome." Indicate what side: Sprained right hand, dust in left eye, bruised right shoulder.
- 16) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw"; *If this question does not apply to the incident, leave it blank.*

Information about the physician or other health care professional

(Should seek care at a NC State University approved facility)

- 17) Name of treating physician or other health care professional _____
- 18) If treatment was given away from the worksite, where was it given?
 Facility _____
 Street _____
 City _____ State _____ ZIP _____
- 19) Was employee treated in an emergency room? Yes No
- 20) Was employee hospitalized overnight as an in-patient? Yes No
- 21) Did employee have any lost or restricted days? Yes No
- How many lost days _____ How many restricted days _____

Notify EHS and the Workers' Compensation Coordinator of any loss or restricted days.

22. Causal Factors: Events and conditions that contributed to the accident. What were the root causes of the accident – e.g. improper equipment, lack of training, no procedure, equipment in poor condition, barriers preventing employee from doing job safely.

23. Corrective actions: Those that have been, or will be, taken to prevent recurrence