

SUPERVISOR OCCUPATIONAL INJURY REPORT

- This form is to be filled out by the employee with their respective supervisor for all injuries regardless of extent.
- Must be **fully** completed within **24 hours**.
- If injury involved doctor's treatment or lost time, you must additionally Complete Workers' Compensation 801 Form.
- Purpose: To provide data for the Oregon Safe Employment Act (O.S.H.A.) and WOU Risk Management.

PART I - Employee Information					
Employee Name:Last					
Last	First			Middle Initia	
Employee ID# B	h Date: Hire Date:				
Position Title:	Department:				
Employee Category: Unclassified/Administ	rative □ Classified □	Temporary	□ Student	Worker	
Working Days: \[\begin{picture}(100,0) \beg	Working Hours:				
PART II - Injury Information/ Incide	nt Details				
Incident Details	Nature of Injury				
Date of Incident:	□ Inflammation/irritation	on	If fatality*, hospital transport, or		
	□ Fall/Slip/Trip		_	oyee was exposed to	
Time of Incident:	□ Bruise			or other potentially	
TY 1 C/ /	□ Sprain/Strain	I SDIAII/SUAIII		naterials, call Campus	
Work Status	□ Scratches/abrasions	□ Scratches/ahrasions		Safety at 503-838-8481. may require medical	
□ No missed work	□ Cut			n within 24 hours.	
☐ Left work early	□ Burn	□ Burn		i within 24 nours.	
□ Missed work, dates:	□ Other				
Treatment	Cause of Injury				
□ No treatment		□ Struck by:			
□ Received 1 st aid		□ Burned by:			
☐ Will be seeking medical treatment		□ Cut by:			
□ Received medical treatment		□ Contact with**:			
(Workers' Compensation Form 801 attached)	E 11/01: /E !			 □ Other	
☐ Hospital transport*	Fall/Slip/Trip □ Different level	_ <u></u>		□ <u>Other</u>	
□ Fatality*		C			
□ Other		 □ Holding/carrying □ Pushing/pulling □ Reaching □ Repetitive motion □ Stairs 			
	□ Floor condition				
Blood	□ Weather condition				
Was blood present**? □ Yes □ No	□ Over object				
Was anyone else exposed to blood? ☐ Yes ☐ No	☐ On sidewalk/path				
If yes, who was exposed?					
How was blood cleaned up?	□ Walking	⊔ 1 W1St11	ng/turning		
110 w was blood cleaned up:	Body Part Affected			□ Left □ Right □ Bot	
		Have you had a prior injury to this body part? Yes			

Incident Details						
Specific Site of Incident (i.e. building room, etc.)						
Task/Activity at time of Incident						
Describe the Incident (List the sequence of events; what happened and why.						
Were there any witnesses?						
1	2					
Root Causes Identify factors that may have contribute	d to or caused incident (check all that a	pply):				
Supervisor and or Employee						
□ Safety procedures need to be	□ Improper use					
reviewed	□ Proper tool not available or not used					
□ Training needed	□ PPE (personal protective equipment) needs to be reviewed					
☐ Attention to surroundings	□ Tool/equipment in need of repair, describe:					
□ Ergonomics or body mechanics						
Environment	Other/Explain					
□ Building condition	<u>Surv. Enpium</u>					
□ Chemicals						
□ Lighting						
□ Weather						
□ Caused by a 3 rd party						
Name:						
PART III – Recommendations/Pre						
What can be done to prevent this incider	** * *					
☐ Training ☐ Maintenance/re			□ Other			
Explain:						
Who will follow up? Date to be completed:						
PART IV - Signatures By signing below, I certify that this information is true and correct to the best of my knowledge.						
Print Name	Signature	Date	Phone			
Employee						
Supervisor						