



Human Resources Office
 1700 South Main Street
 Goshen, IN 46256
 574.535.7314

Injury and Illness Incident Report

This form must be submitted to Human Resources within 24 hours

(hand-deliver to HR Office, scan/email to hr@goshen.edu, or fax to x7319)

Employee name: _____

Date of Birth: ____/____/____ Home/personal phone: _____

Home address: _____

Female Male Job Title: _____ Date Hired: _____

Date of injury/illness: ____/____/____ Time of injury/illness: _____

What time did the employee begin work on the day of the injury/illness: _____

Where did the injury/illness occur? _____

Will/did the injury/illness cause loss of time at work (other than medical treatment)? Yes No

If yes, when is the employee expected to return to work? _____

Names of witnesses: _____

Four boxes below must be completed by employee only

What were you doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Examples: "climbing a ladder while carrying roofing materials"; "daily computer key-entry."

What happened? Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker developed soreness in wrist over time."

What was the injury or illness? What part of the body was affected and how was it affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

What object or substance directly harmed you? Examples: "concrete floor"; "radial arm saw." If this question does not apply, leave it blank.

Did the injured employee seek medical treatment? Yes No

Name of health care professional _____

Name of medical facility _____

If yes, what kind of treatment?

- Minor medical treatment by employee
- Minor medical treatment by clinic
- Emergency room
- Hospitalization for more than 24 hours

Employee Signature

Supervisor Signature

Date

Attach additional sheet if necessary

Investigation to be completed by Safety Committee
(Not employee or direct supervisor)

Contributing factors to the accident/injury/illness:

Root cause (after 5 "Whys?" ... on average, 5 iterations of asking "Why?"):

Specific corrective action(s) to prevent reoccurrence:

Plans to implement corrective actions (who, what, when, costs, etc.):

Safety Committee Member

Date

Human Resources use only

Employee SSN: _____ Claim #: _____ OSHA Recordable? Yes No