

**Injury Report & Investigation Form**

**Incident Tracking Number:** \_\_\_\_\_

To be completed by the employee's supervisor or other responsible administrative official.

Complete and submit this form to the HR Office no later than the next working day after the accident. Copy to file.

\*Only fields relevant to the injury need to be completed

Incident Information				Subject's Relationship to the University <small>Mark all that apply</small> <input checked="" type="checkbox"/>			
Day	Date	Time		Employee PhilaU Student Visitor / Guest Other	Faculty Administrator Support Staff Student Worker	Full Time	
Location						Part Time	
						Casual	
Related or Affected Department				Supervisor Notified		Date	Time
Employer Notified	Date	Time					

**Subject's Information**

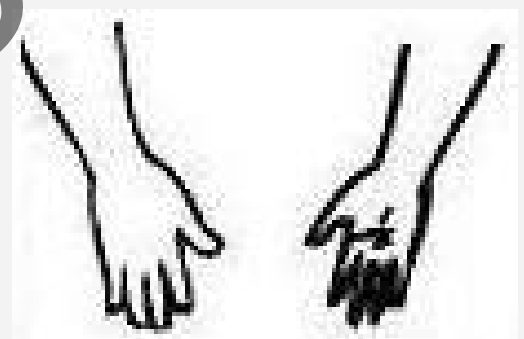
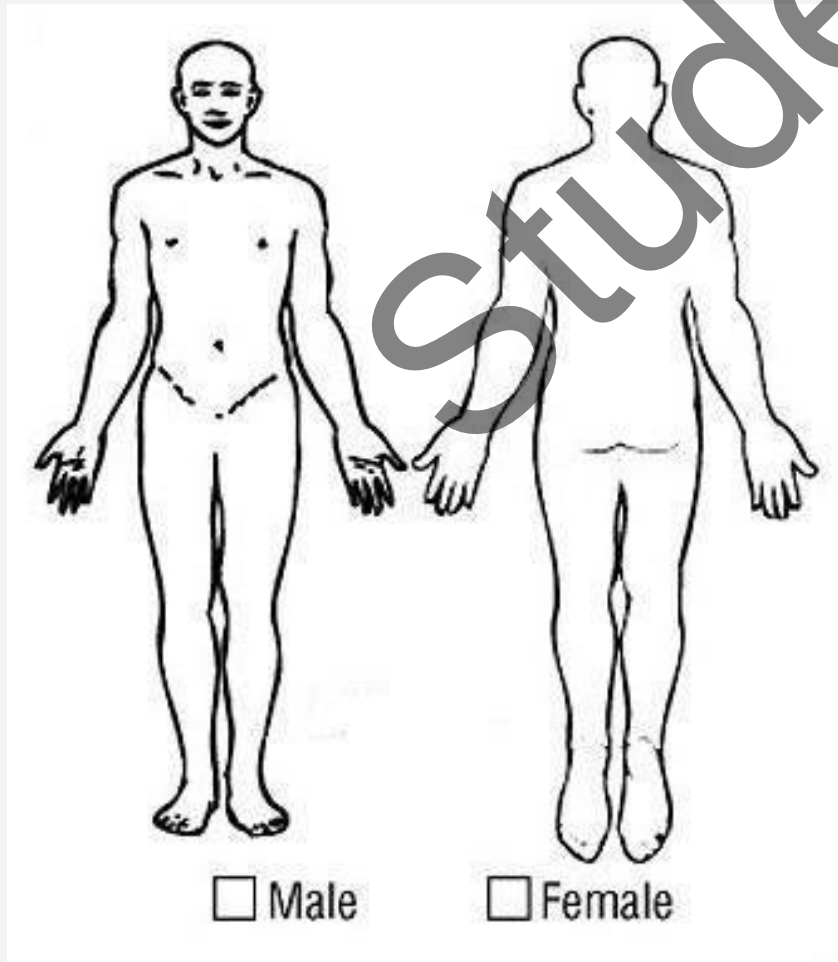
Name	Male	Female	DOB	ID#
Residence	Contact		Employer *	PhilaU
Street	Telephone, Home		Other	
	Telephone, Mobile / Cell			
City	e-mail, Home	Telephone, Work		
State	Zip Code	Other	e-mail, Work	

\* If PhilaU employee note Department, Supervisor & Job Title.

**Injury / Illness Information** N/A

Nature of Injury	Mark all that apply <input checked="" type="checkbox"/>			Body Part(s) Injured	Mark all that apply <input checked="" type="checkbox"/>		
Hearing Loss	Abrasion	Contusion	Fracture	Abdomen	Eye	Hip	Shoulder
Poisoning	Amputation	Cut-laceration	Hernia	Ankle	Finger	Knee	Skin
Respiratory Condition	Bruise	Death/Fatality	Infection	Arm, upper	Foot	Leg	Thigh
	Burn, chemical	Dermatitis	Needle stick	Back	Forearm	Lungs	Thumb
Skin Disorder	Burn, thermal	Dislocation	Puncture wound	Chest	Groin	Multiple	Toe
Other Illness	Concussion	Electrical shock	Sprain / Strain	Ear	Hand	Neck	Wrist
Other Injury	Carpal tunnel	Eye injury		Elbow	Head	Other	

**Mark diagram at location of injury**



Right hand and forearm  
Left hand and forearm



