

MTSU Injury/Illness Report

Environmental Health and Safety Services

P.O. Box 157, Middle Tennessee State University, Murfreesboro, TN 37132

(Complete pages 1-3 and turn in to your immediate supervisor, instructor, department head, or hall director.)

This Section for Safety Office Use Only

- (1) Report number _____ (2) OSHA recordable? Yes No (3) Injury (4) Illness
(5) Property damage (6) Vehicle involved

Required Information

- Name of injured/ill: (7) First _____ Initial _____ (8) Last _____
(9) Sex: Male Female (10) Age: _____ (11) Social Security no. _____
Home address _____
City, state, zip _____
Home phone _____ Campus phone _____
Campus address: Department _____ Box _____
(12) Date of report (month/day/year): ____/____/____

This Section for University Employees Only (including student workers)

- (13) Employee: Faculty Administrator Support Staff Student Worker (14) Full-time Part-time Temporary
(15) Length of employment (at the University):
 In training < 6 months 6 months - 1 year 1-3 years 3-5 years 5-10 years 10-20 years 20+ years
(16) Time in occupation (total time in this line of work):
 In training < 6 months 6 months - 1 year 1-3 years 3-5 years 5-10 years 10-20 years 20+ years
(17) Usual occupation _____
(18) Occupation at time of injury/illness _____ (19) Temporary assignment? Yes No
(20) Specific activity _____
(21) Employee was working Alone With crew or partner Other _____
(22) Crew size _____ (23) Others injured/ill or involved: Yes No
(24) Phase of workday: Performing duties Meal period Break Entering/leaving Chronic exposure Other _____
(25) Supervision: Directly supervised Indirectly supervised Not supervised Supervision not feasible
(26) Supervisor _____ (27) Department _____

This Section for MTSU Students only

- (28) Student: Full-time Part-time
(29) Classification: Freshman Sophomore Junior Senior Graduate Post-graduate
(30) Major _____ (31) Department _____
(32) Incident/illness occurred in: Class/lab University activity Athletic event/practice Residence hall Other _____

This Section for Those Not Classified as Employees or Students

- (33) Visitor: Attending event/activity Attending camp/seminar Other (describe) _____

Complete All Requested Information

- (34) Date of injury/illness (month/day/year): ____/____/____ (35) Time _____
(36) Day of week _____ (37) On campus Off campus
(38) General location/building _____
(39) Specific location/room _____
(40) Severity of injury/illness: 1 No treatment 2 First Aid only 3 Medical treatment 4 Lost workdays 5 Fatality
Fatality date _____ Number of lost days _____

(41) OSHA Illness Code (for illnesses only):

- | | |
|--|---|
| <input type="checkbox"/> 7A Occupational skin disease/disorders | <input type="checkbox"/> 7E Disorders due to physical agents |
| <input type="checkbox"/> 7B Dust diseases of the lung | <input type="checkbox"/> 7F Disorders associated with repeated trauma |
| <input type="checkbox"/> 7C Respiratory condition due to physical agents | <input type="checkbox"/> 7G All other occupational illnesses |
| <input type="checkbox"/> 7D Poisoning | |

(42) Body Part Affected:

- | | | | | |
|-------------|-----------|---------------|----------------------|----------------|
| 1 Abdomen | 8 Ear | 15 Head | 22 Lungs | 29 Skull |
| 2 Ankle | 9 Elbow | 16 Heart | 23 Multiple | 30 Thigh |
| 3 Arm | 10 Eye | 17 Hips | 24 Muscular skeletal | 31 Toe |
| 4 Back | 11 Face | 18 Intestines | 25 Neck | 32 Wrist |
| 5 Brain | 12 Finger | 19 Kidney | 26 Nervous system | 33 Other _____ |
| 6 Chest | 13 Foot | 20 Knee | 27 Scalp | 34 Unknown |
| 7 Digestive | 14 Hand | 21 Leg | 28 Shoulder | |

(43) Injury Type:

- | | | | | |
|-----------------|-------------------|-----------------|-------------------------|----------------|
| 1 Amputation | 7 Contusion | 13 Fracture | 19 Inflammation | 25 Sprain |
| 2 Asphyxia | 8 Crush | 14 Freezing | 20 Multiple | 26 Strain |
| 3 Burn/chemical | 9 Cut/puncture | 15 Hearing loss | 21 Occupational disease | 27 Other _____ |
| 4 Burn/heat | 10 Dermatitis | 16 Heat stroke | 22 Poisoning | 28 Unknown |
| 5 Concussion | 11 Dislocation | 17 Hernia | 23 Radiation | |
| 6 Contamination | 12 Electric shock | 18 Infection | 24 Scratch | |

(44) Injury Source:

- | | | | | |
|--------------------|-------------------------|---------------------------|---------------------------|-----------------------|
| 1 Air Pressure | 11 Coal/petroleum | 21 Hand tool, powered | 31 Minerals, non-metallic | 41 Scrap/debris |
| 2 Animals | 12 Cold | 22 Heat | 32 Noise | 42 Steam |
| 3 Animal Products | 13 Conveyors | 23 Hoists | 33 Paper | 43 Textiles |
| 4 Motion | 14 Drugs/medicines | 24 Infectious agents | 34 Particles | 44 Vehicles/forklifts |
| 5 Boilers | 15 Electricity | 25 Ladders | 35 Plants | 45 Wood |
| 6 Boxes/containers | 16 Fire/smoke | 26 Liquids | 36 Plastics | 46 Walking surfaces |
| 7 Buildings | 17 Food | 27 Machines | 37 Pumps | 47 Other _____ |
| 8 Ceramics | 18 Furniture | 28 Power trans. apparatus | 38 Radiating substances | 48 Unknown |
| 9 Chemicals | 19 Glass | 29 Molten metal | 39 Soaps, detergents | |
| 10 Clothing | 20 Hand tool, unpowered | 30 Minerals, metallic | 40 Silica | |

(45) Incident Type:

- | | | | | |
|------------------|----------------------|-------------------|-------------------------|------------------|
| 1 Struck against | 4 Fall on same level | 7 Bodily reaction | 10 Temperature extremes | 13 Motor vehicle |
| 2 Struck by | 5 Caught between | 8 Overexertion | 11 Radiations/caustics | 14 Other _____ |
| 3 Fall from/down | 6 Rub, abraded | 9 Electrocutation | 12 Public transport | 15 Unknown |

(46) Incident Cause:

- | | | | | |
|--------------------|-------------------------|---------------------------|---------------------------|-----------------------|
| 1 Air Pressure | 11 Coal/petroleum | 21 Hand tool, powered | 31 Minerals, non-metallic | 41 Scrap/debris |
| 2 Animals | 12 Cold | 22 Heat | 32 Noise | 42 Steam |
| 3 Animal Products | 13 Conveyors | 23 Hoists | 33 Paper | 43 Textiles |
| 4 Motion | 14 Drugs/medicines | 24 Infectious agents | 34 Particles | 44 Vehicles/forklifts |
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(47) Hazardous Conditions:

- | | | |
|---|-----------------------|-----------------------|
| 1 Defects of tools/materials/substances | 5 Unknown | 9 Inadequate guarding |
| 2 Environmental hazards | 6 None | 10 Public hazard |
| 3 Placement hazard | 7 Dress/apparel | 11 Other _____ |
| 4 Work environment | 8 Hazardous procedure | |

Comments/remarks _____

Description of incident _____

Description of injury/illness _____

Name and address of physician _____

Name and address of hospital _____

Has injured/ill returned to work? Yes No If yes, date and time _____

If injured/ill has not returned to work, how many **regular work days**, not including holidays or other days off, is he/she expected to be off?
_____ days Date and time of expected return to duty _____

Witnesses:

Name _____ MTSU employee MTSU student
Street _____ Work phone _____
City, state, zip _____ Home phone _____

Name _____ MTSU employee MTSU student
Street _____ Work phone _____
City, state, zip _____ Home phone _____

Name _____ MTSU employee MTSU student
Street _____ Work phone _____
City, state, zip _____ Home phone _____

Certification:

I certify that the above information is true and correct to the best of my knowledge. I understand that knowingly filing a false incident report may constitute fraud and may result in prosecution.

Signature of injured/ill _____ Date signed _____

Typed/printed name of person completing report for injured/ill _____

Signature of person completing report for injured/ill _____

Date signed _____

INJURY/ILLNESS REVIEW:

If the injured or ill person is a(n):

- Employee
- Student worker on duty
- Student in class or lab
- Resident in a residence hall
- Visitor or Other

The reviewing authority is the:

- Immediate supervisor
- Immediate supervisor
- Instructor or department head
- Hall director or area coordinator
- Safety Officer

Causal Factors - Equipment: Was a hazardous condition a contributing factor? Circle the numbers of all that apply:

- | | | |
|--|---|--|
| 1 Defect in equipment/tools material | 6 Inspection procedure failed to detect hazard | 11 Equipment design contributed to operator stress/error |
| 2 Hazardous condition not recognized | 7 Correct tools/equipment not used | 12 Design/Quality of tool contributed to hazardous condition |
| 3 Hazardous condition not reported | 8 Correct equipment unavailable | 13 Other _____ |
| 4 Injured/ill not informed/Procedure not specified | 9 Injured/ill not informed of correct equipment | 14 Not known |
| 5 No equipment inspection procedure | 10 Substitute equipment | |

Causal Factors - Environment: Was the location/position of equipment/materials/persons a contributing factor? Circle the numbers of all that apply:

- | | | |
|--|--|---------------|
| 1 Location/Position contributed to a hazardous condition | 5 Injured/ill did not belong in area | 9 Other _____ |
| 2 Hazardous condition not recognized | 6 Hazardous condition not visible to injured/ill | 10 Not known |
| 3 Hazardous condition not reported | 7 Insufficient work place | |
| 4 Injured/ill not informed of correct procedure for hazard | 8 Poor environmental conditions | |

Causal Factors - People: Was the procedure(s) used a contributing factor? Circle the numbers of all that apply:

- | | | |
|---|---|---------------|
| 1 No written/known procedure | 5 Injured/ill not physically capable of performing task | 9 Other _____ |
| 2 Procedure inadequate | 6 Injured/ill not mentally capable of performing task | 10 Not known |
| 3 Injured/ill not trained on proper procedure | 7 Procedure too difficult | |
| 4 Injured/ill deviated from proper procedure | 8 Procedure encourages deviation | |

Causal Factors - People: Was lack of personal protective equipment (PPE) a contributing factor? Circle the numbers of all that apply:

- | | | |
|--|---|--------------------------------------|
| 1 PPE not specified for task | 5 PPE used incorrectly | 9 Emergency equipment not used |
| 2 PPE unavailable | 6 PPE inadequate | 10 Emergency equipment malfunctioned |
| 3 Injured/ill not advised of PPE | 7 Emergency equipment not specified (shower, eyewash, etc.) | 11 Other _____ |
| 4 Injured/ill not trained in proper use of PPE | 8 Emergency equipment not available | 12 Not known |

Causal Factors - Management: Was a management system defect a contributing factor? Circle the numbers of all that apply:

- | | | |
|--|---|---|
| 1 Supervisor failed to detect hazardous condition | 5 Supervisor failed to correct deviations from procedures | 9 Supervisor not trained in accident prevention |
| 2 Supervisor failed to anticipate hazardous condition | 6 No supervisor review of hazards and procedures | 10 Failure to initiate corrective action for a known hazard |
| 3 Supervisor failed to report hazardous condition | 7 Supervisor responsibility not defined | 11 Other _____ |
| 4 Supervisor failed to detect deviations from procedures | 8 Supervisor responsibility not understood | 12 Not known |

Causal Factors - Health: Was an adverse health environment a potential contributing factor? Circle the numbers of all that apply:

Adverse Environments:

- | | | |
|---|---|---------------|
| 1 Physical - Noise, temperature, radiation, ergonomic | 3 Biological - bacteria, viruses, insects, animals, allergens | 5 Other _____ |
| 2 Chemical - Liquids, vapors, gases, dusts, fumes | 4 Medical problem: _____ | 6 Not known |

Physical Agents:

- | | |
|---|---|
| 1 Noise, vibration | 4 Non-ionizing radiation - microwave, laser, ultraviolet, or radio frequency radiation |
| 2 Temperature extremes | 5 Ergonomic - repetitive motion trauma, inappropriate lighting, glare, incorrect or insufficient tooling, benches, or seating |
| 3 Ionizing radiation - X, gamma, beta, or alpha radiation | |

Chemical Agents:

- | | | | |
|----------------|--------------------------|-------------------------|-------------------------|
| 1 Solvents | Solvent Name: _____ | 3 Particulates | Particulate Name: _____ |
| 2 Acids, bases | Acid or Base Name: _____ | 4 Other toxic chemicals | Chemical Name: _____ |

Biological Agents:

- | | | | |
|-----------------|---------------------------|------------|-----------------------|
| 1 Microorganism | Microorganism Name: _____ | 3 Animal | Animal Species: _____ |
| 2 Insect: | Insect Name: _____ | 4 Allergen | Allergen Type: _____ |

SUMMARY:

I have checked the information in this report: Yes No

The information in this report is complete: Yes No

I believe the information in this report is accurate: Yes No

I recommend that this injury/illness be further reviewed and investigated: Yes No

I am aware of other similar conditions on campus: Yes No

Where? _____

Comments: _____

Signature of supervisor/instructor/hall director: _____ Date: ____/____/____

Signature of department head: _____ Date: ____/____/____

The hazard(s) are a result of violations of safety standards: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do not write in this section.	
Standard(s) violated: _____		_____	
_____		_____	
_____		_____	
Signature of Safety Officer: _____		Date: ____/____/____	