UNIVERSITY OF OREGON
WORKPLACE INJURY REPORT

Safety and Risk Services
1260 University of Oregon
1715 Franklin Blvd., Suite 2A

Phone: 541-346-3192
Fax: 541-346-7008
workinjury@uoregon.edu

Instructions: To be completed by employee with a lead staff member, supervisor or manager **WITHIN 24 HOURS** of when employee reports a work-related injury, illness, or near miss. **Complete ALL sections**, do not leave any blanks.

Department _____ Date of Report _____

Date of Incident _____ Time of Incident _____ a.m. ☐ p.m. ☐

Employee Information:

Employee Name _____
Last First MI

Employee ID# _____ Birth Date _____ Position Title _____

Employee Category ◯ Regular, full-time ◯ Temporary UO ◯ Student Worker
◯ Regular, part-time ◯ Temporary Agency ◯ Volunteer

Working Days ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S Working Hours _____

Injury Information:

Nature of Injury

☐ Burn ☐ Inflammation/irritation
☐ Bruise ☐ Scratches/abrasions
☐ Cut ☐ Sprain/strain
☐ No Injury ☐ Other _____

Body Part Affected _____
☐ Left ☐ Right ☐ Both

Cause of Injury

☐ Burned by: _____
☐ Cut by: _____
☐ Contact with: _____
☐ Struck by: _____

Fall/Slip/Trip	Sprain/Strain	☐ Other
☐ Different level	☐ Lifting	_____
☐ Same level	☐ Bending/squatting	_____
☐ Floor condition	☐ Holding/carrying	_____
☐ Weather condition	☐ Pushing/pulling	_____
☐ Over object	☐ Reaching	
☐ On sidewalk/path	☐ Repetitive motion	
☐ On stairs	☐ Stairs	
☐ Footwear	☐ Twisting/turning	
☐ Rushing	☐ Walking	

Treatment

☐ Received 1st aid
☐ Will be seeking medical treatment
☐ Received medical treatment
(to file a workers' compensation claim complete 801 form)
☐ Hospital transport*
☐ Fatality*
☐ No treatment
☐ Other _____

Work Status

☐ Left work early
☐ Missed work, dates: _____
☐ No missed work

Blood**

Was blood present? ◯ Yes ◯ No

If yes, was anyone exposed to blood? ◯ Yes** ◯ No

**If an employee was exposed to another person's blood or bodily fluids, please refer to exposure procedures at safety.uoregon.edu/bloodborne-pathogens

*If fatality or hospital transport, call Safety and Risk Services **immediately** at 541-346-3192.

Incident Details:

Specific Site of Incident (i.e. building, room, etc.)	
Task/Activity at Time of Incident	
Witness(es) (name and contact information)	

Describe Incident

List the sequence of events; what happened and why:

_____

_____

_____

_____

Root Causes:

Identify factors that may have contributed to or caused incident (check all that apply):

Management

- ☐ Safety procedures need review
- ☐ Training needed

Employee:

- ☐ Excessive force (sudden onset)
- ☐ Overexertion (developed over time)
- ☐ Repetitive motion
- ☐ Rushing
- ☐ Awkward posture
- ☐ Eyes not on task
- ☐ Mind not on task
- ☐ Balance or traction
- ☐ Grip
- ☐ Assistance was needed with task
- ☐ Cellphone in use
- ☐ Headphones/ earbuds in use

Environment

- ☐ Building conditions
- ☐ Chemicals
- ☐ Lighting
- ☐ Weather
- ☐ Caused by a 3rd party, name: _____

Equipment

- ☐ Improper use
- ☐ Proper tool not available or not used
- ☐ PPE needs to be reviewed
- ☐ Tool/equipment in need of repair, describe:

_____

_____

Other/Explain:

_____

_____

_____

Recommendations:

What can be done to prevent this incident from happening again?

Explain: _____

_____

Who will follow up? _____ **Date to be completed:** _____

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				
Lead Worker/ Manager				

Return this form to Safety and Risk Services **WITHIN 24 HOURS** of notice of incident FAX: 541-346-7008 or email workinjury@uoregon.edu