

CLAIM CODE:

OSHA LOG NUMBER:

# Tulane University - First Report of Occupational Injury/Illness

1. Date of Report:		2. Date of Injury: Time of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM		3. Normal Starting Time on Day of Accident: <input type="checkbox"/> AM <input type="checkbox"/> PM		4. Date Employee Return to Work:	
5. If Fatal injury, Give Date of Death:		6. Date Employer Knew of Injury:		7. Date Disability Began:		8. Last Full Day Paid-Date:	
9. <b>Print</b> Employee:(First/Middle/Last)				10. Social Security Number		11. <input type="checkbox"/> Male <input type="checkbox"/> Female	
12. Address-Include Parish and Zip Code:				13. Employee Home Phone Number:		14. Alternate Phone Number:	
15. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		16. Employee Email Address (Tulane/Personal):		17. Date of Hire:			
18. Employee Birth Date:		19. Occupation:		20. Department Regularly Employed		21. Office Phone Number:	
22. <b>Exact Location of Incident:</b> (Building, floor, room number, etc. If off premises: street, address, city & state)							
23. What Was The Employee Doing When injured? (Be specific. If using tools or equipment or handling material-name them and tell what he was doing with them).							
24. How Did Injury Occur? (Describe fully the events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to injury or disease).							
Did Injury or Illness Occur Because of: →			25. Mechanical Defect <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe Above)			26. Unsafe Act Defect: <input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Nature and Location of injury or Disease (Describe fully, include parts of body affected):							
28. Attending Physician and Address (If Hospital involved indicate)							
29. Employer: <b>TULANE UNIVERSITY</b> <input type="checkbox"/> UPTOWN <input type="checkbox"/> TNPRC <input type="checkbox"/> DOWNTOWN				30. Person Completing This Report:			
31. Employer's Address-Include Parish and Zip Code:					32. Employer's Telephone Number:		
33. Employer's Mailing Address-If Different Than Above:				34. Nature of Business-Type of Mfg., Trade, Construction, Service, etc.: <b>EDUCATION AND HEALTH CARE SERVICES</b>			
<b>INSTRUCTIONS:</b> <input checked="" type="checkbox"/> <b>IF SERIOUS INJURY, ILLNESS OR DEATH OCCURS, CONTACT TULANE UNIVERSITY WORKFORCE MANAGEMENT ORGANIZATION AT 504-865-5280.</b> <input checked="" type="checkbox"/> <b>IT IS IMPORTANT THAT ALL INFORMATION IS PROVIDED ON THIS FORM ON BOTH SIDES. BOTH SIDES OF FORM MUST BE COMPLETED!</b> <input checked="" type="checkbox"/> <b>SEND IMMEDIATELY TO WFMO - WORKER'S COMPENSATION, TULANE UNIVERSITY. STATE LAW REQUIRES IMMEDIATE REPORTING!</b>							
PRINT DIRECTOR/SUPERVISOR NAME:				PHONE NUMBER:			
DIRECTOR OR SUPERVISOR'S SIGNATURE:				DATE SIGNED:			

**DISTRIBUTION OF FORM:**

Original to Tulane University, Workforce Management Organization, 200 Broadway Street, Suite 120, New Orleans, LA 70118-3572  
 Workers' Comp. Fax No. 504 865-6796 / Direct No. 504 247-1716;  Employee's Supervisor;  Employee;  Health Care Provider (HCP).  
[http://wfmotraining.tulane.edu/WC/first\\_report\\_occ\\_injury\\_illness\\_form.pdf](http://wfmotraining.tulane.edu/WC/first_report_occ_injury_illness_form.pdf)

(Note: Complete the following by  checking the appropriate blocks or filling in space provided below.)

**EVENT CODE**

- Falls, Slips, Trips (Off, On, Over)
- 101  Off chair, furniture
  - 102  Off dock, opening, excavation
  - 103  Off ladder, scaffold
  - 104  Off machinery, equipment
  - 105  Off vehicle
  - 106  Off high place
  - 107  On stairs, steps-indoors
  - 108  On other flat surfaces-indoors
  - 109  On stairs, steps-outdoors
  - 110  On paved surfaces-outdoors
  - 111  On loose ground cover-outdoors
  - 112  On Flat surface-outdoors
- Struck, Caught (by, against, between)
- 201  By airborne dust particles
  - 202  By another person, object being held
  - 203  By chips/particles from use of powered hand tools, machinery or equipment
  - 204  By chips/particles from use of non-powered hand tools
  - 205  By object - blown off pressurized system
  - 206  By object - broken off, vibrated loose, mobilized
  - 207  By object - collapse, cave-in
  - 208  By object - dropped, released by self during handling
  - 209  By object - fr om explosion, over-pressure
  - 210  By object - dropped, released or thrown by another person
  - 211  By - other \_\_\_\_\_
  - 212  By/against handtool, non-powered
  - 213  By/against hand tool, powered
  - 214  By/against moving equipment/ machinery
  - 215  Against stationary, sharp object
  - 216  Against - other \_\_\_\_\_
  - 217  Caught in moving machinery, equipment
  - 218  Caught, pinched between objects
  - 219  Needle - self inflicted
  - 220  Needle - waste handling
  - 221  Other \_\_\_\_\_
- Contact with Material Condition (touching, breathing, swallowing, absorbing)
- 301  Chemicals - corrosive, irritating substances in, around or from process equipment
  - 302  Chemicals - corrosive, irritating substances while handling or transferring bulk quantity
  - 303  Chemicals - corrosive, irritating substances in small laboratory quantity
  - 304  Commercial cleaning materials
  - 305  Chemicals - other \_\_\_\_\_
  - 306  Electricity, power hand tools
  - 307  Electricity - other \_\_\_\_\_
  - 308  Exposure to natural elements
  - 309  Fire flame, intense heat
  - 310  Hot, cold surface
  - 311  Unpressurized hot liquid hot material
  - 312  Pressurized hot liquid/gas
  - 313  Pressurized cold liquid/gas
  - 314  Noise
  - 315  Radiation
  - 316  Smoke, gas
  - 317  Welding flash
  - 318  Other material or condition
  - 319  Biological agent
  - 320  Other \_\_\_\_\_
- Overexertion, Strain (Load, No Load)
- 401  Load-carrying, holding, twisting, reaching
  - 402  Load-lifting
  - 403  Load-pulling, pushing, turning
  - 404  Load-other
  - 405  No load - bending
  - 406  No load - reaching, twisting
  - 407  No load - other
  - 408  Load - patient

Miscellaneous

- 501  Animal, insects, plants
  - 502  Public transportation
  - 503  Sports activity
  - 504  Vehicle passenger, driver
  - 505  Other \_\_\_\_\_
- NATURE OF INJURY CODE**
- Injury
- 101  Amputation
  - 102  Bite, sting
  - 103  Bruise, contusion
  - 104  Burn - hot, cold, chemical, scald
  - 105  Concussion, unconscious
  - 106  Cut, laceration
  - 107  Exhaustion, heat stroke
  - 108  Electric shock
  - 109  Irritation, other
  - 110  Exposure
  - 111  Foreign body, sliver, dust etc.
  - 112  Fracture, crush, dislocated
  - 113  Internal injury, hernia, heart
  - 114  Loss of senses, faculties
  - 115  Puncture
  - 116  Scrape, scratch, abrasion
  - 117  Sprain, strain, torn
  - 118  Suffocation, drowning
  - 119  Dermatitis (skin rash)
  - 120  Other \_\_\_\_\_
- Illness
- 201  Skin disease, disorder
  - 202  Lung problem, dust related
  - 203  Lung problem, toxic agent related
  - 204  Poisoning
  - 205  Disorders due to physical agent (other than toxic agents)
  - 206  Disorders associated with repeated trauma
  - 207  Other \_\_\_\_\_
- PART OF BODY CODE**
- HEAD/NECK
- 301  Scalp
  - 302  Skull
  - 303  Ears (R/L/Both) \_\_\_\_\_
  - 304  Eyes (R/L/Both) \_\_\_\_\_
  - 305  Face (R/L/Both) \_\_\_\_\_
  - 306  Nose
  - 307  Mouth/Teeth
  - 308  Neck
  - 309  Whole Head
  - 310  Other \_\_\_\_\_
- Arm/Shoulder
- 401  Shoulder (R/L/Both) \_\_\_\_\_
  - 402  Upper Arm (R/L/Both) \_\_\_\_\_
  - 403  Elbow (R/L/Both) \_\_\_\_\_
  - 404  Forearm (R/L/Both) \_\_\_\_\_
  - 405  Wrist (R/L/Both) \_\_\_\_\_
  - 406  Hand (R/L/Both) \_\_\_\_\_
  - 407  Fingers (R/L/Both) \_\_\_\_\_
  - 408  Whole Arm (R/L/Both) \_\_\_\_\_
  - 409  Other \_\_\_\_\_
- Torso
- 501  Chest/Ribs
  - 502  Back - Muscles
  - 503  Back - Skeletal/Nervous
  - 504  Abdomen
  - 505  Groin
  - 506  Hip (R/L/Both) \_\_\_\_\_
  - 507  Buttocks
  - 508  Whole Torso
  - 509  Other \_\_\_\_\_
- Leg
- 601  Thigh (R/L/Both) \_\_\_\_\_
  - 602  Knee (R/L/Both) \_\_\_\_\_
  - 603  Shin, Calf (R/L/Both) \_\_\_\_\_
  - 604  Ankle (R/L/Both) \_\_\_\_\_
  - 605  Foot (R/L/Both) \_\_\_\_\_
  - 606  Toe
  - 607  Whole Leg (R/L/Both) \_\_\_\_\_
  - 608  Other \_\_\_\_\_

Faculty/System

- 701  Hearing
  - 702  Vision
  - 703  Smell
  - 704  Taste
  - 705  Touch
  - 706  Respiratory
  - 707  Circulatory
  - 708  Digestive
  - 709  Nervous
  - 710  Other \_\_\_\_\_
- TASK ASSIGNMENT CODE**
- 01  Working regular assigned task.
  - 02  Working at other than regular task.
  - 03  Other: \_\_\_\_\_

**CONTRIBUTING ENVIRONMENTAL FACTOR CODE**

- 01  Sound level
- 02  Weather condition
- 03  Illumination
- 04  Working surface/facility layout condition
- 05  Flammable liquid/solid exposure
- 06  Chemical action/reaction exposure
- 07  Materials handling equipment/ method
- 08  Gas/vapor/mist/fume/smoke/dust condition
- 09  Overhead moving/falling object action
- 10  Flying object action
- 11  Temperature above or below tolerance level
- 12  Radiation condition
- 13  Pinch point action
- 14  Catch point/puncture action
- 15  Shear point action
- 16  Squeeze point action
- 17  Overpressure/underpressure condition
- 18  Poor housekeeping
- 19  Other \_\_\_\_\_

**CONTRIBUTING HUMAN FACTOR CODE**

- 01  Misjudgement of hazardous situation
- 02  No personal protective equipment used
- 03  No special protective clothing/ appropriate attire
- 04  Malfunction of procedure for securing operation or warning of hazardous situation
- 05  Distracting actions
- 06  Equipment in use not appropriate for operation or process
- 07  Malfunction of neuro-muscular system
- 08  Malfunction of perception system with respect to task environment
- 09  Safety devices removed or inoperative
- 10  Operational position not appropriate for task
- 11  Procedure for handling materials not appropriate for task
- 12  Defective equipment in use
- 13  Malfunction of procedure for lock-out or tag-out
- 14  Procedure to complete task not appropriate
- 15  Other \_\_\_\_\_

COMMENTS OR RECOMMENDATIONS TO HELP PREVENT FUTURE OCCURRENCES OF SIMILAR PROBLEMS:

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Note: If more space is needed use an extra sheet of paper as an attachment.

Print Employee's Name \_\_\_\_\_ Date of Injury: \_\_\_\_\_