

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. Print 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. Exact Location of Incident: (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: TULANE UNIVERSITY <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.: EDUCATION AND HEALTH CARE SERVICES			
INSTRUCTIONS: <input checked="" type="checkbox"/> IF SERIOUS INJURY, ILLNESS OR DEATH OCCURS, CONTACT TULANE UNIVERSITY WORKFORCE MANAGEMENT ORGANIZATION AT 504-865-5280. <input checked="" type="checkbox"/> IT IS IMPORTANT THAT ALL INFORMATION IS PROVIDED ON THIS FORM ON BOTH SIDES. BOTH SIDES OF FORM MUST BE COMPLETED! <input checked="" type="checkbox"/> SEND IMMEDIATELY TO WFMO - WORKER'S COMPENSATION, TULANE UNIVERSITY. STATE LAW REQUIRES IMMEDIATE REPORTING!							
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

(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:

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

Print Employee's Name _____ Date of Injury: _____