FASHION INSTITUTE OF TECHNOLOGY – OFFICE OF HUMAN RESOURCES

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EMPLOYEE'S INJURY/ILLNESS REPORT FORM

Complete, sign, and return this form to Human Resources within 24 hours of injury/illness.

Part 1 – Personal Information

Employee's Name_____ Social Security Number_____

Home Address_____ Date of Birth_____

_____ Gender __Male __Female

_____ Phone_____

Part 2 – Employment Information

Job Title_____ __Part-time __Full-time

Department _____ Department Phone_____

Work Schedule (i.e. M-F, 9am-5pm) _____

Part 3 – Incident Details

Incident Day & Date_____ Incident Time_____ __am __pm Reported to Security? _____

Location/Address (Bldg., Rm, Off-site location) _____

Time you reported to work on day of incident _____

Dates of absence, if any, due to this incident _____

Nature of Incident

O Abrasion	O Fracture
O Bite	O Laceration
O Bruise	O Skin Condition
O Burn	O Strain/sprain
O Cut	O Respiratory
O Dislocation	O Puncture

Other_____

Location of Bodily Injury

O Abdomen	O Ear	O Finger*	O Head	O Nose
O Ankle	O Elbow	O Foot	O Knee	O Shoulder
O Back	O Eye	O Forearm	O Leg	O Teeth
O Chest	O Face	O Hand	O Mouth	O Wrist

O Right Side O Left Side

Other_____

*Identify which finger_____

What were you doing when injured? (Be specific)_____

_____

How did the injury occur? _____

_____

What object or substance directly harmed you? (I.e. concrete floor, chlorine, staple gun)_____

_____

Action taken to prevent incident reoccurrence_____

_____

Names of witnesses & contact info_____

_____

Medical Treatment Provided: O First Aid by Staff O FIT Health Services O Taken to Hospital

O Refused Medical Aid O Self-referred to private physician or healthcare facility

Name, address and phone of physician or hospital_____

_____

Part 4 – Certification *Employee's signature is required. The supervisor/administrator attests only that the facts are accurate to the best of his/her knowledge or as presented to him/her.*

Employee Signature_____ Date_____

Supervisor/Administrator Signature_____ Date_____

cc: Director of Environmental Health & Safety Compliance 072919