



Department of Risk Management & Safety, University Services Annex Building 300A  
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**SUPERVISOR'S REPORT OF EMPLOYEE INJURY/ILLNESS  
 SEVEN (7) CALENDAR DAY DEADLINE TO FILE**

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EMPLOYEE INFORMATION	
INJURED/ILL EMPLOYEE INFORMATION	WORK INFORMATION
*Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Job Title _____
*Marital Status (S M D W) _____ *# of dependants _____	Date of hire _____ Normal work shift _____
*EID # _____ *DOB _____	Department _____
*Home Phone _____ Cell Phone _____	Campus Address _____
*Home Address _____	Dept. # _____ Work Phone _____
*City _____ *State _____ *Zip _____	Department Contact _____
*Email Address _____	Payroll Contact/Phone _____ / _____

**INJURY OR ILLNESS INFORMATION**

\*Date of injury/illness \_\_\_\_\_ \*Time \_\_\_\_\_ \*Nature of injury/illness\*\* \_\_\_\_\_ \*Area of body affected\*\* \_\_\_\_\_

\*Location \_\_\_\_\_ \*room#/shop# \_\_\_\_\_ \*What Caused injury/illness\*\* \_\_\_\_\_

If off campus, give address \_\_\_\_\_

\*HOW DOES THE EMPLOYEE EXPLAIN INJURY OR ILLNESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone see employee get injured?  No  Yes Name of witness: \_\_\_\_\_

Did the employee need medical treatment?  No  Yes Location of treatment\*\* : \_\_\_\_\_

Name and address of treatment facility from the location chosen above: \_\_\_\_\_

**SUPERVISOR'S INFORMATION**

\*Name/Title of supervisor \_\_\_\_\_ \*Phone number \_\_\_\_\_

\*Email address of supervisor \_\_\_\_\_

Date supervisor notified of injury/illness \_\_\_\_\_ Did injury result in time lost from work?  Yes  No

Did the task resulting in injury require personal protective equipment (PPE)?  Yes  No Was it being worn?  Yes  No

If PPE required and not worn, Explain \_\_\_\_\_

\_\_\_\_\_

Do you have any reason to believe injury/illness may not have occurred on the job?  Yes  No State your concerns: \_\_\_\_\_

\_\_\_\_\_

What Supervisory actions will be taken to prevent recurrence? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Required fields. \*\*Use lists on the following page to complete.

\*Signature of Supervisor \_\_\_\_\_ \*Date \_\_\_\_\_

**NOTE: FORM MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED!**

**Print and sign completed form and fax to 626-0254.**

Please use these for completing the corresponding sections on the form:

**NATURE OF INJURY/ILLNESS:**

Amputation  
Chemical (burn or exposure)  
Bites (animals or insects)  
Burn or Scald (heat)  
Concussion  
Contagious/Infectious  
Contusion  
Crushing/Bruise  
Cut/Laceration  
Dermatitis/Rash  
Dislocation/Fracture  
Electric Shock  
Fatality  
Freezing  
Hearing Loss  
Heart Attack  
Heat Stroke  
Hernia, Rupture  
Inflammation  
Multiple Injuries  
Occupational Disease  
Other Injuries  
Pneumoconiosis  
Poisoning  
Puncture/Bite  
Radiation  
Scratches/Abrasions  
Seizure  
Sprains/Strains  
Stroke  
Sunburn/Sunstroke  
Unconsciousness

**AREA OF BODY AFFECTED:**

Abdomen  
Arm-Left  
Arm-Right  
Chest  
Eye-Left  
Eye-Right  
Face  
Finger(s)  
Foot-Left  
Foot-Right  
Hand-Left  
Hand-Right  
Head  
Hip-Left  
Hip-Right  
Knee-Left  
Knee-Right  
Lower Back  
Lower Leg-Left  
Lower Leg-Right  
Mouth  
Multiple Parts  
Neck  
Nose  
Shoulder-Left  
Shoulder-Right  
Toe(s)  
Upper Back  
Upper Leg-Left  
Upper Leg-Right  
Wrist-Left  
Wrist-Right

**WHAT CAUSED INJURY/ILLNESS:**

Agriculture (animals or machines)  
Air Pressure  
Airborne Particles  
Animals/Insects  
Automobile  
Bags, Sacks, Totes  
Bathroom Fixtures  
Bodily Reaction  
Body Fluid  
Books and Magazines  
Bottles, Jugs, Flasks  
Boxes, Crates, Cartons  
Buffer, Polish, Waxer  
Building Material  
Cans  
Carts  
Caught In, Under or Between  
Chairs  
Chemicals or Chemical Products  
Clean Tools  
Computer/Ten Key  
Contact w/ or Exposure to Radiation  
Contact w/Cold Objects  
Contact w/Cold-Atmosphere  
Contact w/Heat-Atmosphere  
Contact w/Hot Objects  
Contact w/Machinery  
Contact w/Substance  
Contact w/Tools  
Containers  
Cranes  
Dishes, Cups, Glasses  
Ditch/Chanel  
Door  
Electricity  
Elevators  
Fall from Elevation  
Fall from Materials  
Fall from Scaffold  
Fall from Vehicle  
Fall in Opening  
Fall on Same Level  
Fall on Stairs  
Fall onto Objects  
Fall onto Walkway  
Fire  
Floors  
Food  
Forklift  
Furniture  
Gates  
Hand Tools  
Knives  
Ladders  
Lifting Object-Pulling  
Lifting Object-Pushing  
Lifting Object-Throwing

Lifting Object-Wielding  
Lightning  
Liquids  
Motor Vehicle Accident-Other Vehicle  
Motor Vehicle Accident-Personal  
Motor Vehicle Accident-U of A  
Needles and Syringes  
Noise  
Paint  
Parking Lots  
Plants/Trees  
Plastics  
Poison  
Public Transportation Accident  
Ramps, Runway, Loading Dock  
Range (Grill, Oven, Toaster)  
Rats  
Reptiles, Snakes  
Roof  
Rubbed or Abraded  
Scaffolds  
Scissors  
Scraps, Waste or Debris  
Solvents/Degreasers  
Stairs, Steps  
Tables  
Trash  
Walls  
Wildlife  
Windshield  
Work Tables

**LOCATION OF MEDICAL TREATMENT:**

Campus Health  
Concentra  
Emergency Room  
HMO  
Hospital  
Other  
Sunnyside Medical  
Urgent Care  
Workplace-First Aid