



INJURY- ILLNESS REPORT FORM

Occupational Safety & Health Office
 Office of the President
 Phone: (033) 3291727, or (033) 3291971-79 loc 2104
 Fax (033) 320-3685

COMPLETION OF ALL 3 SECTIONS IS REQUIRED.

1. INVOLVED PARTY		
CHECK ONE: <input type="checkbox"/> Employee <input type="checkbox"/> Contract or Temporary <input type="checkbox"/> Student <input type="checkbox"/> Visitor		
Last Name	First Name	
College/Department/Unit	Job Title	
Phone	Age	
IF CONTRACTED OR TEMPORARY:	Employer	Address

Please use this form to report all accidents, injuries, illnesses, ergonomic issues, and near-miss incidents. **SEND REPORTS TO:** Occupational Safety & Health Office, or **FAX REPORTS TO: (033) 320 3685** for immediate investigation. To conduct investigation within the College / Department or Unit, use the OSH – Form 1 accessible online.
Make a copy of the completed IIR for your personal records and submit it to OSH Office within 24 hours of incident with injury or upon reinstatement to work after recovery from illness

2. INJURY / ILLNESS DETAILS												
IN THE SPACES BELOW, PROVIDE A DETAILED DESCRIPTION OF THE INCIDENT. BE SURE TO INCLUDE YOUR IDEAS ON HOW THIS CAN BE PREVENTED FROM RECURRING. FOR ERGONOMIC CONCERNS, PLEASE INCLUDE ANY SYMPTOMS YOU ARE EXPERIENCING. (Attach a separate sheet if necessary.)												
DATE OF INCIDENT OR INITIAL SYMPTOMS:	DATE OF REPORT:	LOCATION OF INCIDENT (list specific building, room, or area)										
TIME OF INCIDENT OR INITIAL SYMPTOMS:	WORK START TIME ON DAY OF INCIDENT:	WITNESS NAME and/or name of person to whom the incident was first reported										
Name of person or facility providing treatment (i.e., witness, Clinic Nurse, University Physician, and/or Hospital)		Date and brief description of medical treatment										
What were you doing just before the incident occurred? In the space below describe the activity, as well as the tools, equipment, or material you were using. Be specific.												
What happened? Tell us how the injury occurred.												
What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore."												
If the incident involved a 'sharps' exposure, please note: BRAND _____ DEVICE TYPE _____												
How do you rate the potential severity of this incident?	Circle one: <table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td colspan="2">Minimal</td> <td></td> <td></td> <td>Severe</td> </tr> </table>	1	2	3	4	5	Minimal				Severe	Incident/Illness section completed by:
1	2	3	4	5								
Minimal				Severe								

3. SUPERVISOR'S FOLLOW-UP FOR PREVENTION		
Supervisor's Name	Contact#	E-Mail
What have you done or what will you do to prevent this incident from occurring in the future?		
On Education/Behavior:		
On Work Process:		
On Equipment:		

Incident - Illness Report Form Instructions

Section 1, INVOLVED PARTY

Please complete this section by filling in information pertaining to the person who experienced the incident and/or illness. Be certain to check the box that best describes the involved party's status: employee, contract, temporary, student, or visitor. If contract or temporary, list the name and address of the employer responsible for paying the involved party's EXPENSES.

IMPORTANT:

Make a copy of the completed IIR for your personal records and send it to OSH Office within 24 hours.

Section 2, INJURY/ ILLNESS DETAILS

In this section provide specific details about the injury or illness. Be specific and describe the event as clearly as possible.

Examples for Answering Questions*:

What were you doing just before the incident occurred? "placing a knife on the kitchen tray"; "spraying chlorine from hand sprayer"; "daily computer key entry," "placing sharps on tray"

What happened? "When ladder slipped on wet floor, I fell at 20 feet"; I was sprayed with fluid when gasket broke during replacement"; "I developed soreness in my wrist."

What was the injury or illness? "strained back"; "thermal burn, hand"; "sharp pain in wrist when using mouse."

IMPORTANT:

If the incident involved 'sharps' exposure, **BRAND** and **DEVICE TYPE** must be noted.

CENTRAL PHILIPPINE UNIVERSITY OSH - Form 2 Rev. 0 October 24, 2016		INJURY- ILLNESS REPORT FORM Occupational Safety & Health Office Office of the President Phone: (033) 3291727, or (033) 3291971-79 loc 2104 Fax (033) 320-3685	
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If the incident involved a 'sharps' exposure, please note: BRAND _____ DEVICE TYPE _____			
How do you rate the potential severity of this incident?		Incident/illness section completed by:	
Circle one: 1 2 3 4 5 Minimal Severe			
3. SUPERVISOR'S FOLLOW-UP FOR PREVENTION			
Supervisor's Name		Contact#	E-Mail
What have you done or what will you do to prevent this incident from occurring in the future?			
On Education/Behavior:			
On Work Process:			
On Equipment:			

Section 3, Supervisor's Follow-up on Prevention

The supervisor of the involved party must provide his/her name, contact number, and E-mail. Using the spaces provided (Education/ Behavior, Work Process, and Equipment) they must also describe the actions taken or to be taken to prevent a similar incident from occurring in the future.