University of Louisville  
Occupational Injury or Illness Form  
IA-1 Supplemental

Attention: a delay in processing may occur if this form is not completed in its entirety

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Date of Injury</th>
<th>Employee’s work phone number</th>
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<tr>
<th>Employee’s Supervisor</th>
<th>Dept. or School</th>
<th>Supervisor’s phone number</th>
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Please answer the following questions by checking in the column yes or no.

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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U of L is required to notify regulatory agencies of the following incidents. If you answer yes to any of the 4 questions below you must notify DEHS at 852-6670 or DPS at 852-6111 as soon as possible.

- Did the injury involve exposure to recombinant DNA (rDNA)?  
- Did the employee require in-patient hospitalization over 24 hours?  
- Did the employee suffer any amputation?  
- Did the employee die? Date of death:

**Did the injury or illness require first aid?** If yes, check all that apply

- Non-prescription medication  
- Negative x-ray or diagnostic test  
- Tetanus shot  
- Cleaning, flushing wounds  
- Using wound coverings such as bandages, band aids or butterfly bandages  
- Drilling finger or toe nail  
- Using irrigation or cotton swab to remove foreign bodies not embedded in eye  
- Irrigation or tweezers to remove splinters or foreign material from areas other than eye  
- Hot or cold therapy  
- Drinking fluids for heat stress  
- Draining fluid from blister  
- Using massages (physical therapy and chiropractic care are medical treatment)  
- Non-rigid support (elastic bandages, wraps)  
- Using finger guards  
- Appointments solely for observation or counseling

**Did the injury require medical treatment?** (Any treatment other than first aid listed above)

**Did the employee require treatment in an Emergency Room?**

**Did the employee lose consciousness?**

**Did the injury or illness result in days away from work?**
Provide dates employee was away from work.

**Did the injury or illness result in restricted work activity or job transfer?**
Provide dates employee was restricted or transferred or if permanent job transfer

**Did the injury result from a needlestick or other sharp contaminated with blood or OPIM?** Type of sharp: Sharps Safety Device used:

Please answer questions completely, be as specific as possible

**What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from a hand sprayer"; "daily computer keyboard entry"

**What happened?** Tell us how the injury occurred. Examples: "When the ladder slipped on the wet floor, the worker fell 20 feet"; "worker was spraying with chlorine when the gasket broke during replacement"; Worker developed soreness in wrist over time".

**What was the injury or illness?** Tell us the part of the body affected and how it was affected. Be more specific than "hurt", "pain" or "sore". Examples: "Scraped and bruised back and lower legs"; "chemical burn to left hand"; carpal tunnel syndrome right wrist.

**What object or substance directly harmed the employee?** Tell us if the object or material the employee was using caused the injury or an object in the environment directly harmed the employee. Examples: "the bushes and ground"; "chlorine". If this question does not apply to this incident, indicate N/A.