

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

DEHS OSHA LOG # \_\_\_\_\_

<b>Attention: a delay in processing may occur if this form is not completed in its entirety</b>				
Employee Name		Date of Injury	Employee's work phone number	
Employee's Supervisor		Dept. or School	Supervisor's phone number	
Please answer the following questions by checking in the column yes or no.			<b>YES</b>	<b>NO</b>
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:		
<b>Did the injury or illness require first aid?</b> If yes, check all that apply				
<input type="checkbox"/> Non-prescription medication <input type="checkbox"/> Negative x-ray or diagnostic test <input type="checkbox"/> Tetanus shot <input type="checkbox"/> Cleaning, flushing wounds <input type="checkbox"/> Using wound coverings such as bandages, band aids or butterfly bandages <input type="checkbox"/> Drilling finger or toe nail	<input type="checkbox"/> Using irrigation or cotton swab to remove foreign bodies not embedded in eye <input type="checkbox"/> Irrigation or tweezers to remove splinters or foreign material from areas other than eye <input type="checkbox"/> Hot or cold therapy <input type="checkbox"/> Drinking fluids for heat stress	<input type="checkbox"/> Draining fluid from blister <input type="checkbox"/> Using massages (physical therapy and chiropractic care are medical treatment) <input type="checkbox"/> Non-rigid support (elastic bandages, wraps) <input type="checkbox"/> Using finger guards <input type="checkbox"/> Appointments solely for observation or counseling		
<b>Did the injury require medical treatment?</b> (Any treatment other than first aid listed above)				
<b>Did the employee require treatment in an Emergency Room?</b>				
<b>Did the employee lose consciousness?</b>				
<b>Did the injury or illness result in days away from work?</b> Provide dates employee was away from work.				
<b>Did the injury or illness result in restricted work activity or job transfer?</b> Provide dates employee was restricted or transferred or if permanent job transfer				
<b>Did the injury result from a needlestick or other sharp contaminated with blood or OPIM? Type of sharp: _____ Sharps Safety Device used: _____</b>				
Please answer questions completely, be as specific as possible				
<b>What was the employee doing just before the incident occurred?</b> 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"				
<b>What happened?</b> 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".				
<b>What was the injury or illness?</b> 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.				
<b>What object or substance directly harmed the employee?</b> 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.				