### Occupational Injury or Illness Form

**DEHS OSHA LOG # ________**

**University of Louisville**

**IA-1 Supplemental**

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**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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<tbody>
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<thead>
<tr>
<th>Employee’s Supervisor</th>
<th>Dept. or School</th>
<th>Supervisor’s phone number</th>
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<tbody>
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Please answer the following questions by checking in the column yes or no.

**YES**  **NO**

1. **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:**

2. **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

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

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

5. **Did the employee lose consciousness?**

6. **Did the injury or illness result in days away from work?**

   - Provide dates employee was away from work.

7. **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

8. **Did the injury result from a needlestick or other sharp contaminated with blood or OPIM?**

   - **Type of sharp:**
   - **Sharps Safety Device used:**

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**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.