## WORK RELATED INJURY/ILLNESS LOG

DIVISION OF COMPARATIVE MEDICINE

Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME (First / Last)  **Print** | DATE mm/dd/yy  (Date of injury/illness) | LOCATION  Describe location/room # where injury occurred  (e.g., animal room, surgery, cagewash, loading dock, etc.) | INJURY or ILLNESS Describe cause and parts/areas of body affected  (e.g., Mouse bite on right index finger, cat scratched left forearm, or slipped/fell hit back of head, etc.) | **ACTION\***  Reported – R  First Aid Admin - FAA  First Aid Decline -FAD Treat Req. –TR  Treat Decline - TD  None - N  Other-Describe | **INITIALS**  **&**  **DATE EMPLOYEE**  **&**  **SUPERVISOR** |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |

**\*** **Each incident of injury/illness requires written record of the action taken** (e.g., R-reported injury/illness to **AmeriSys** and completed ***Accident Investigation Report* *for Supervisors****,* FAA-First Aid accepted, FAD-First Aid declined, TR-Treatment required, TD-Treatment declined, N-no action taken, and is initialed & dated by both employee & supervisor.