## WORK RELATED INJURY/ILLNESS LOG

DIVISION OF COMPARATIVE MEDICINE

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME(First / Last)**Print** | DATEmm/dd/yy(Date of injury/illness) | LOCATIONDescribe location/room # where injury occurred(e.g., animal room, surgery, cagewash, loading dock, etc.) | INJURY or ILLNESSDescribe 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 – RFirst Aid Admin - FAAFirst Aid Decline -FAD Treat Req. –TRTreat Decline - TDNone - 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.