

CASE # 1 Days Away from Work: _____ Job Transfer or Restricted: _____	Burn	Chemical	Eye	Slips, Trips, Falls	Struck By
	Caught Between	Cut, Abrasion or Puncture	Shock or ArcFlash	Strain or Sprain	Other
	What body part was injured?				
	What was the employee doing just before the incident occurred?				
What happened?					
CASE # 2 Days Away from Work: _____ Job Transfer or Restricted: _____	Burn	Chemical	Eye	Slips, Trips, Falls	Struck By
	Caught Between	Cut, Abrasion or Puncture	Shock or ArcFlash	Strain or Sprain	Other
	What body part was injured?				
	What was the employee doing just before the incident occurred?				
What happened?					
CASE # 3 Days Away from Work: _____ Job Transfer or Restricted: _____	Burn	Chemical	Eye	Slips, Trips, Falls	Struck By
	Caught Between	Cut, Abrasion or Puncture	Shock or ArcFlash	Strain or Sprain	Other
	What body part was injured?				
	What was the employee doing just before the incident occurred?				
What happened?					
CASE # 4 Days Away from Work: _____ Job Transfer or Restricted: _____	Burn	Chemical	Eye	Slips, Trips, Falls	Struck By
	Caught Between	Cut, Abrasion or Puncture	Shock or ArcFlash	Strain or Sprain	Other
	What body part was injured?				
	What was the employee doing just before the incident occurred?				
What happened?					
CASE # 5 Days Away from Work: _____ Job Transfer or Restricted: _____	Burn	Chemical	Eye	Slips, Trips, Falls	Struck By
	Caught Between	Cut, Abrasion or Puncture	Shock or ArcFlash	Strain or Sprain	Other
	What body part was injured?				
	What was the employee doing just before the incident occurred?				
What happened?					

Year: _____

Establishment Name: _____

City: _____

State: _____

Annual average number of employees:

Total hours worked by all employees last year (not just field employees):