



West Chester University
 Offices of Human Resources
 201 Carter Drive Suite 100
 West Chester, PA 19383
 fax: 610-436-3464

EMPLOYEE'S REPORT OF OCCUPATIONAL INJURY OR DISEASE

TIME SENSITIVE MATERIAL

*DATE OF REPORT *DATE OF INJURY

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*INJURED SOCIAL SECURITY NUMBER _____ *EMPLOYEE FIRST NAME _____ *EMPLOYEE LAST NAME _____

*STREET ADDRESS _____ *CITY _____ *STATE _____ *ZIP CODE _____
 COUNTY _____ *PHONE NUMBER _____ * FEMALE *DATE OF BIRTH * SINGLE *NUMBER OF DEPENDENTS
 MALE MONTH DAY YEAR MARRIED (CHILDREN UNDER 18) _____

 *OCCUPATION OR JOB TITLE _____ *DEPARTMENT OF DIVISION REGULARLY EMPLOYED _____ DATE OF HIRE
 MONTH DAY YEAR

*EMPLOYMENT STATUS _____ : _____ am pm *TIME EMPLOYEE BEGAN WORK _____ : _____ am pm *TIME EMPLOYEE OCCURANCE _____
 *DATE EMPLOYER KNEW OF INJURY _____ *DATE DISABILITY BEGAN _____ DATE RETURNED TO WORK _____ IF FATAL INJURY: DATE OF DEATH _____

*DID INJURY OR ILLNESS OCCUR ON EMPLOYER'S PREMISES? YES NO IF OUT OF STATE, SPECIFY STATE _____ WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? YES NO WERE SAFEGUARDS OR SAFETY EQUIPMENT USED? YES NO

WITNESS FIRST NAME _____ WITNESS LAST NAME NAME _____ WITNESS PHONE NUMBER _____

*PARTS OF BODY AFFECTED (Be specific: i.e. Left arm 4 inch laceration.)

*ADDRESS/LOCATION WHERE INJURY OCCURED

*WHAT WAS EMPLOYEE DOING WHEN INJURED (BE SPECIFIC. IF APPLICABLE, NAME THE TOOLS, EQUIPMENT OR HANDLING MATERIAL & HOW THEY WERE USED.)

*HOW DID THE INJURY OCCUR? (DESCRIBE IN DETAIL, THE EVENTS WHICH RESULTED IN INJURY OR DISEASE. TELL WHAT HAPPENED AND HOW IT HAPPENED. NAME ANY OBJECTS OR SUBSTANCES INVOLVED AND TELL HOW THEY WERE INVOLVED.)

EMPLOYEE SIGNATURE _____ DATE _____

*EMPLOYEE PRINTED NAME _____ *

Fax completed, preferably typed, form to:
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