



LAWRENCE UNIVERSITY
711 E BOLDT WAY
APPLETON WI 54911-5699

EMPLOYEE INJURY & INCIDENT REPORT

Injuries must be reported immediately to Patty Leiker, Associate Director of Human Resources. Phone (920) 832-6543. This report must be filled out and submitted via email to safety@Lawrence.edu and/or hard copy delivered within 24-hours.

Employee Name _____ Department _____

Occupation (job title) _____ Supervisor _____

Hire Date _____ Change in job duties/location in last 3 months: _____

Date of Injury _____ Time of Injury _____
(Hour-Minutes)

Date of Birth _____ Home/Cell phone _____
(Month, Day, Year)

Home address _____
(Street, City, Zip)

Male Female Time employee began work _____
(Hour-Minutes)

Campus or off campus location where injury occurred (please be specific):

(Include building name, floor, room, on stairs, in the parking lot, etc.)

INJURY DESCRIPTION

Indicate the body part(s) that were injured. Make notes on picture.

Injured Area	Indicate Area of Injury	Type of Injury
1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Eye: 3 <input type="checkbox"/> Shoulder 4 <input type="checkbox"/> Arm 5 <input type="checkbox"/> Elbow 6 <input type="checkbox"/> Wrist 7 <input type="checkbox"/> Hand 8 <input type="checkbox"/> Finger: 9 <input type="checkbox"/> Back 10 <input type="checkbox"/> Chest 11 <input type="checkbox"/> Abdomen 12 <input type="checkbox"/> Pelvis 13 <input type="checkbox"/> Hip 14 <input type="checkbox"/> Leg 15 <input type="checkbox"/> Knee 16 <input type="checkbox"/> Ankle 17 <input type="checkbox"/> Foot 18 <input type="checkbox"/> Toe: 19 <input type="checkbox"/> Other: _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Please Check One Box: Body Diagram facing towards you (front facing): <input type="checkbox"/> Body Diagram Facing away from you (back facing): <input type="checkbox"/> </div>	1 <input type="checkbox"/> Abrasion 2 <input type="checkbox"/> Amputation 3 <input type="checkbox"/> Bite: _____ 4 <input type="checkbox"/> Bruise 5 <input type="checkbox"/> Burn 6 <input type="checkbox"/> Concussion 7 <input type="checkbox"/> Cut / Laceration 8 <input type="checkbox"/> Foreign Body 9 <input type="checkbox"/> Fracture 10 <input type="checkbox"/> Hearing Impairment 11 <input type="checkbox"/> Infection 12 <input type="checkbox"/> Pain: _____ 13 <input type="checkbox"/> Puncture 14 <input type="checkbox"/> Rash/Dermatitis 15 <input type="checkbox"/> Respiratory 16 <input type="checkbox"/> Strain/Sprain

What were you doing just before the incident occurred? Be specific:

What happened? Explain how the injury occurred including the cause(s) of the injury:

Any tools, equipment, material, or chemicals employee was using at time of injury:

Describe any previous injury to this body part:

Corrective action required to prevent a similar incident in the future:

Witness(es) Names:

MEDICAL TREATMENT:

Lawrence University utilizes ThedaCare at Work 2809 N Park Drive Lane, Appleton, WI 54911 (920) 380-4999

DID YOU SEE CAMPUS NURSE OR OTHER HEALTH CARE PROFESSIONAL?

If yes, Physician name and/or Facility name _____

Phone _____

Employee Signature _____ Date _____

(Month, Day, Year)

Supervisor Comments:

Supervisor Signature _____ Date _____

(Month, Day, Year)