

Use the following tables to categorize injury and illness events

What was the employee doing just before the event?

Activity	Action:		Object:	
	Sitting	Holding	Tool	Person/Self
	Standing	Using	Equipment	Environment
	Walking	Positioning	Material	Surfaces
	Climbing	Unknown/Other	Structure	Unknown/Other

What actually caused the injury/illness?

Event	Event:		Source:	
	Struck by...	Slip/Trip/fall	Chemical	Environment
	Exposure to...	Fall to lower level	Tool	Position/Motion
	Contact with...	Overexertion	Vehicle/Equipment	Structures/Fixtures
	Caught in/by...	Unknown/Other	Material/Debris/Waste	Unknown/Other

What Type of injury/illness resulted from the event?

Injury	Amputation	Bruise/Contusion	Foreign body/Irritation	CTS/RSI
	Abrasion / Irritation	Burn-Thermal	Fracture /Dislocation	Stress/Trauma
	Laceration / Puncture	Burn-Chemical	Sprain/Strain	Occ. Illness
	Bite/Sting	Cold/Heat-Related	Multiple Injuries	Unknown/Other

What part of the body was affected or Injured? (indicate left or right)

Body Part	Head	Torso	Upper Limb	Lower Limb	Systems
	Eyes	Chest	Shoulder	Hip	Respiratory
	Ears	Abdomen	Arm	Leg	Circulatory
	Nose	Upper Back	Elbow	Knee	Digestive
	Mouth	Lower Back	Wrist	Ankle	Reproductive
	Neck	Buttock	Hand	Foot	Nervous
	Skull/Head	Groin/Pelvis	Thumb	Heel	Skeletal
	Chin/Jaw	Side	Finger	Toe	Skin
	Unknown/Other	Unknown/Other	Unknown/Other	Unknown/Other	Unknown/Other

ID: