



(Note: Complete the following by checking the appropriate blocks or filling in space provided below.)

EVENT CODE

Falls, Slips, Trips (Off, On, Over)

- 101 Off chair, furniture
- 102 Off dock, opening, excavation
- 103 Off ladder, scaffold
- 104 Off machinery, equipment
- 105 Off vehicle
- 106 Off high place
- 107 On stairs, steps-indoors
- 108 On other flat surfaces-indoors
- 109 On stairs, steps-outdoors
- 110 On paved surfaces-outdoors
- 111 On loose ground cover-outdoors
- 112 On Flat surface-outdoors

Struck, Caught (by, against, between)

- 201 By airborne dust particles
- 202 By another person, object being held
- 203 By chips/particles from use of powered hand tools, machinery or equipment
- 204 By chips/particles from use of non-powered hand tools
- 205 By object - blown off pressurized system
- 206 By object - broken off, vibrated loose, mobilized
- 207 By object - collapse, cave-in
- 208 By object - dropped, released by self during handling
- 209 By object - fr om explosion, over-pressure
- 210 By object - dropped, released or thrown by another person
- 211 By - other _____
- 212 By/against handtool, non-powered
- 213 By/against hand tool, powered
- 214 By/against moving equipment/ machinery
- 215 Against stationary, sharp object
- 216 Against - other _____
- 217 Caught in moving machinery, equipment
- 218 Caught, pinched between objects
- 219 Needle - self inflicted
- 220 Needle - waste handling
- 221 Other _____

Contact with Material Condition (touching, breathing, swallowing, absorbing)

- 301 Chemicals - corrosive, irritating substances in, around or from process equipment
- 302 Chemicals - corrosive, irritating substances while handling or transferring bulk quantity
- 303 Chemicals - corrosive, irritating substances in small laboratory quantity
- 304 Commercial cleaning materials
- 305 Chemicals - other _____
- 306 Electricity, power hand tools
- 307 Electricity - other _____
- 308 Exposure to natural elements
- 309 Fire flame, intense heat
- 310 Hot, cold surface
- 311 Unpressurized hot liquid hot material
- 312 Pressurized hot liquid/gas
- 313 Pressurized cold liquid/gas
- 314 Noise
- 315 Radiation
- 316 Smoke, gas
- 317 Welding flash
- 318 Other material or condition
- 319 Biological agent
- 320 Other _____

Overexertion, Strain (Load, No Load)

- 401 Load-carrying, holding, twisting, reaching
- 402 Load-lifting
- 403 Load-pulling, pushing, turning
- 404 Load-other
- 405 No load - bending
- 406 No load - reaching, twisting
- 407 No load - other
- 408 Load - patient

Miscellaneous

- 501 Animal, insects, plants
- 502 Public transportation
- 503 Sports activity
- 504 Vehicle passenger, driver
- 505 Other _____

NATURE OF INJURY CODE

Injury

- 101 Amputation
- 102 Bite, sting
- 103 Bruise, contusion
- 104 Burn - hot, cold, chemical, scald
- 105 Concussion, unconscious
- 106 Cut, laceration
- 107 Exhaustion, heat stroke
- 108 Electric shock
- 109 Irritation, other
- 110 Exposure
- 111 Foreign body, sliver, dust etc.
- 112 Fracture, crush, dislocated
- 113 Internal injury, hernia, heart
- 114 Loss of senses, faculties
- 115 Puncture
- 116 Scrape, scratch, abrasion
- 117 Sprain, strain, torn
- 118 Suffocation, drowning
- 119 Dermatitis (skin rash)
- 120 Other _____

Illness

- 201 Skin disease, disorder
- 202 Lung problem, dust related
- 203 Lung problem, toxic agent related
- 204 Poisoning
- 205 Disorders due to physical agent (other than toxic agents)
- 206 Disorders associated with repeated trauma
- 207 Other _____

PART OF BODY CODE

HEAD/NECK

- 301 Scalp
- 302 Skull
- 303 Ears (R/L/Both) _____
- 304 Eyes (R/L/Both) _____
- 305 Face (R/L/Both) _____
- 306 Nose
- 307 Mouth/Teeth
- 308 Neck
- 309 Whole Head
- 310 Other _____

Arm/Shoulder

- 401 Shoulder (R/L/Both) _____
- 402 Upper Arm (R/L/Both) _____
- 403 Elbow (R/L/Both) _____
- 404 Forearm (R/L/Both) _____
- 405 Wrist (R/L/Both) _____
- 406 Hand (R/L/Both) _____
- 407 Fingers (R/L/Both) _____
- 408 Whole Arm (R/L/Both) _____
- 409 Other _____

Torso

- 501 Chest/Ribs
- 502 Back - Muscles
- 503 Back - Skeletal/Nervous
- 504 Abdomen
- 505 Groin
- 506 Hip (R/L/Both) _____
- 507 Buttocks
- 508 Whole Torso
- 509 Other _____

Leg

- 601 Thigh (R/L/Both) _____
- 602 Knee (R/L/Both) _____
- 603 Shin, Calf (R/L/Both) _____
- 604 Ankle (R/L/Both) _____
- 605 Foot (R/L/Both) _____
- 606 Toe
- 607 Whole Leg (R/L/Both) _____
- 608 Other _____

Faculty/System

- 701 Hearing
- 702 Vision
- 703 Smell
- 704 Taste
- 705 Touch
- 706 Respiratory
- 707 Circulatory
- 708 Digestive
- 709 Nervous
- 710 Other _____

TASK ASSIGNMENT CODE

- 01 Working regular assigned task.
- 02 Working at other than regular task.
- 03 Other: _____

CONTRIBUTING ENVIRONMENTAL FACTOR CODE

- 01 Sound level
- 02 Weather condition
- 03 Illumination
- 04 Working surface/facility layout condition
- 05 Flammable liquid/solid exposure
- 06 Chemical action/reaction exposure
- 07 Materials handling equipment/ method
- 08 Gas/vapor/mist/fume/smoke/dust condition
- 09 Overhead moving/falling object action
- 10 Flying object action
- 11 Temperature above or below tolerance level
- 12 Radiation condition
- 13 Pinch point action
- 14 Catch point/puncture action
- 15 Shear point action
- 16 Squeeze point action
- 17 Overpressure/underpressure condition
- 18 Poor housekeeping
- 19 Other _____

CONTRIBUTING HUMAN FACTOR CODE

- 01 Misjudgement of hazardous situation
- 02 No personal protective equipment used
- 03 No special protective clothing/ appropriate attire
- 04 Malfunction of procedure for securing operation or warning of hazardous situation
- 05 Distracting actions
- 06 Equipment in use not appropriate for operation or process
- 07 Malfunction of neuro-muscular system
- 08 Malfunction of perception system with respect to task environment
- 09 Safety devices removed or inoperative
- 10 Operational position not appropriate for task
- 11 Procedure for handling materials not appropriate for task
- 12 Defective equipment in use
- 13 Malfunction of procedure for lock-out or tag-out
- 14 Procedure to complete task not appropriate
- 15 Other _____

COMMENTS OR RECOMMENDATIONS TO HELP PREVENT FUTURE OCCURRENCES OF SIMILAR PROBLEMS:

Note: If more space is needed use an extra sheet of paper as an attachment.

Print Employee's Name _____ Date of Injury: _____