

MIDAMERICA NAZARENE UNIVERSITY

EMPLOYEE INJURY REPORT

- Faculty
- Staff
- Student Employee
- Other

Case # from Log _____

*This form should be completed and sent to Human Resources within
24 hours after the accident or as soon as possible*

Name of Injured Person _____ Date of Birth _____ Gender _____

Male / Female

Address _____ Phone _____ Date of Hire _____

Exact Location of Accident _____ Date of Accident _____ Time AM PM _____ Date Reported _____

Activity that caused the Injury _____

Nature of Injury or Illness:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> abrasion or contusion | <input type="checkbox"/> concussion | <input type="checkbox"/> heat exhaustion | <input type="checkbox"/> poisoning |
| <input type="checkbox"/> bite | <input type="checkbox"/> fainting | <input type="checkbox"/> inhalation | <input type="checkbox"/> puncture |
| <input type="checkbox"/> blood to blood contact | <input type="checkbox"/> foreign body in contact or imbedded | <input type="checkbox"/> laceration | <input type="checkbox"/> shock, electrical |
| <input type="checkbox"/> burn | <input type="checkbox"/> fracture | <input type="checkbox"/> nose bleed | <input type="checkbox"/> sprain-strain |
| <input type="checkbox"/> Other (explain) _____ | | | |

Part of body injured (be specific, i.e., left upper arm, third finger right hand, etc.): _____

Describe clearly how the incident/accident occurred (attach supplemental pages, material - photos, diagrams, measurements): _____

Identify acts and/or conditions which appear as primary cause: _____

WITNESSES (people who saw the incident/injury)

Name	Address	Phone	where was witness in relation to the incident/injury
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Describe machine, tool, substance or product, if any, involved in the injury and how involved: _____

Treatment rendered, if any (name of Dr., Hospital, first aid given, etc.): _____

Name of Person Completing Report (PLEASE PRINT)

Signature of Person Completing Form

Department

Dept. Phone No.

Date of Report

****Questions: Call Human Resources at (913) 791-3427****