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PURDUE UNIVERSITY

To ensure this form functions properly, save and open it using Adobe Acrobat or Acrobat Reader (Version 8 or Newer).

FIRST REPORT OF INJURY

EMPLOYEE INFORMATION

Employee Name:	Department Number:	Date of Hire:	Does employee work in Physical Facilities Zones? ☐ YES ☐ NO
Supervisor Name:	Supervisor Telephone:	Person Completing Form:	

INCIDENT INFORMATION

Date of Injury or Illness: ☐ Date is Approximate	Time of Event: ☐ Cannot be Determined	Time Employee Began Work:

What was the employee doing just before the incident occurred?

How did the injury occur?

What part of the body was affected?	How was it affected?

What object or substance directly harmed the employee?

In what building did the incident occur? (If Applicable)

What is the exact location of the incident?

Do you expect the employee to lose work beyond the date of injury? ☐YES ☐NO	If YES, what was the last day worked?	If employee died, when did death occur?
Were there any witnesses? ☐YES ☐NO	If YES, list witnesses:	

TREATMENT INFORMATION

Did the employee require treatment from a medical provider? ☐YES ☐NO

If so, where was the treatment given? *(If the facility is not in the campus dropdown list select "Other" and enter the facility in the field that appears.)*

West Lafayette	Calumet	IPFW	North Central

RESOURCES

Supervisor's Accident/Near-Miss Investigation Form

Worker's Compensation Website

Worker's Compensation Witness Report Form

SUPERVISOR ONLY

The preferred way to submit this form is via email by using a "Submit by Email" button on this page. The email submission method is the gold-standard. Faxing and phone calls should only be used when a computer is not available.

If a computer is not available, print and fax this form to JWF Specialty Company at (317) 706-9791 or call (317) 706-9591.

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Revised: January 21, 2016

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