

OSHA Case Information

(not to be filed with the Division of Workers Compensation)

- 25- **Case number from the Log** _____ (Transfer the case number from the Log after you record the case.)
- 26- **Date of injury or illness** _____
- 27- **Time employee began work** _____ A.M. P.M.
- 28- **Time of event** _____ A.M. P.M. Check if time cannot be determined.
- 29- **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 30- **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was spraying with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 31- **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 32- **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw". If this question does not apply to the incident, leave blank.
- 33- **If the employee died, when did death occur?** Date of death _____