



Your Name \_\_\_\_\_ Department \_\_\_\_\_  
Work phonenumber \_\_\_\_\_ Best c \_\_\_\_\_

What was the nature of the injury?

• Strain/Sprain

- Lifting/handling materials
- Pushing/pulling
- Reaching/twisting
- Crawling/bending

• Puncture/Cut

- Tools/equipment
- Surface/object
- Bite-insect/animal

• Repetitive Motion

- Typing/mousing
- Other repetitive motion

• Slip/Fall

- Wet surface
- Ice/weather related
- Stairs
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