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**Work-Related Injuries and Illnesses Report Form**

The American University of Kurdistan, in its effort to reduce workplace hazards, is committed to developing data regarding work-related injuries and illnesses. Such data, when properly reported, is used for:

* Documenting the incident causing the injury or illness.
* Triggering investigation of the incident.
* Analyzing trends for targeting remedial action.
* Planning for remedial action.

The Deans, Chairs, and Directors and Managers of Units and Departments need to inform their employees of the availability of support for work-related injuries and illnesses, as well as the proper way to report such occurrences. Employees must inform their supervisors of any work-related injuries or illnesses as soon as possible and also report incidents by using the Work-Related Injuries and Illnesses Report Form to the Office of Campus Services, the Office of Human Resources, and/or the Legal Office. Supervisors must ensure that all employees promptly report injuries or illnesses that may be related to their work. If the report is not filed by the injured employee, it is then the responsibility of the Supervisor to complete the report form and submit it to the aforementioned Offices.

This form below is used to report a workplace injury or workplace illness. This form is to be completed and submitted to the Office of Campus Services, the Office of Human Resources, and/or the Legal Office within 24 hours of the injury or illness.

**Relevant policy: Health and Safety Policy.**

***Report From***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Information** | | | | |
| College/Department/Unit | |  | | |
| Name of the injured person | |  | | |
| Status | | \_\_\_\_\_ Employee (Faculty or Staff)  \_\_\_\_\_\_Student  \_\_\_\_\_\_Others; please specify | | |
| Employee’s Status  (*if AUK employee*) | | \_\_\_\_Full-Time \_\_\_\_Part-time  \_\_\_\_Temporary Employment | | |
| Job Title | |  | | |
| Supervisor’s name | |  | | |
| Employee date of the original hire | |  | | |
| Date of birth | |  | | |
| Marital status | |  | | |
| Home address | |  | | |
| Phone number | |  | | |
| **Incident Details** | | | | |
| Date & time of injury/date of illness began | |  | | |
| Did the injury/illness happen on AUK’s premises? | | \_\_\_\_Yes \_\_\_\_No | | |
| Location where the injury/illness occurred | |  | | |
| Did the employee/student lose any time from work/classes? If yes, how much? | |  | | |
| Date and time return to work/classes | |  | | |
| **Please describe the events that led up to the injury/illness. Please specify the activity and any tools, equipment, or materials being used:** | | | | |
| **Please describe the injury/illness:** | | | | |
| **Was first aid administered? If yes, please provide details:** | | | | |
| **Were safety regulations in place and used? If not, what was wrong?** | | | | |
| **Has the employee/student sustained a previous injury or previous illness affecting same body parts? If yes, please provide details:** | | | | |
| **Did the employee/student receive medical attention? If yes, please describe the type(s) of treatment received:** | | | | |
| **Is the injured person a minor (under age 18)? If Yes, was the parent or guardian notified? Please provide details.** | | | | |
| **Witnesses** | | | | |
| Name |  | | Cell/Email |  |
| Name |  | | Cell/Email |  |
| Name |  | | Cell/Email |  |
| **Use the space below to provide additional information relevant to the incident** | | | | |
| **Please suggest corrective action (if any) to prevent the occurrence of similar injury/illness in the future** | | | | |

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person filing the report form)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor)