

# CLAREMONT UNIVERSITY CONSORTIUM

Office of Disability and Unemployment Insurance  
McAlister Center  
919 North Columbia Avenue  
(909) 621-8841 Phone  
(909) 607-9688 FAX

## EMPLOYEE'S REPORT OF OCCUPATIONAL ACCIDENT

Report of Injury/Illness  
(To be submitted within **two days** of occurrence)

Name (print)		
1. Department	2. College	3. Department Phone
4. Date of Injury /Illness	5. Approximate time of injury: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
6. Building where injury took place:	7. Floor where injury took place:	8. Room where injury took place:
9. Please describe fully how the injury/illness occurred and indicate what you were doing at the time: _____ _____		
10. Please describe the injury/illness:		
11. Body part affected:	12. <input type="checkbox"/> Left <input type="checkbox"/> Right	
13. TYPE OF ACCIDENT (check all that apply)		
<input type="checkbox"/> Animal/Insect Bite	<input type="checkbox"/> Collision (cart/vehicle)	<input type="checkbox"/> Foreign Body in Eye
<input type="checkbox"/> Contact With Hot Object	<input type="checkbox"/> Electrical Contact	<input type="checkbox"/> Fall (different/same level, liquid/grease spill)
<input type="checkbox"/> Material Handling	<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Contusion (bruise)
<input type="checkbox"/> Strain	<input type="checkbox"/> Contact With Chemical	<input type="checkbox"/> Laceration/puncture
<input type="checkbox"/> Other _____		
14. Did you report or mention this to anyone? <input type="checkbox"/> No <input type="checkbox"/> Yes	15. If "Yes", name of person:	
16. Have you had medical care for this condition? <input type="checkbox"/> No <input type="checkbox"/> Yes	17. If "No", do you wish to receive medical treatment?	
18. If you have received medical treatment, please provide the following information:		
Date seen:	Name of Doctor:	Address of Doctor:
19. Have you had a similar condition before? <input type="checkbox"/> No <input type="checkbox"/> Yes	20. If so, when?	
21. In your opinion, what can be done to prevent such an accident from happening again? _____ _____		

**I HAVE READ THIS STATEMENT AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### THE CLAREMONT COLLEGES

Pomona College - 1887 Claremont Graduate University - 1925 Scripps College - 1926 Claremont McKenna College 1946 Harvey Mudd College - 1955  
Pitzer College -1963 Keck Graduate Institute - 1997