



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

What was the nature of the injury?

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| <ul style="list-style-type: none"><li>• Strain/Sprain<ul style="list-style-type: none"><li>• Lifting/handling materials</li><li>• Pushing/pulling</li><li>• Reaching/twisting</li><li>• Crawling/bending</li></ul></li><li>• Puncture/Cut<ul style="list-style-type: none"><li>• Tools/equipment</li><li>• Surface/object</li><li>• Bite-insect/animal</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Repetitive Motion<ul style="list-style-type: none"><li>• Typing/mousing</li><li>• Other repetitive motion</li></ul></li><li>• Slip/Fall<ul style="list-style-type: none"><li>• Wet surface</li><li>• Ice/weather related</li><li>• Stairs</li><li>•</li></ul></li></ul> |
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