City of MEMPHIS

ON-THE-JOB INJURY REPORT

Employee Information

Last Name: _____First Name: _____ M.I.: __ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____ PH: _____

Date of Injury: _____ Time: _____ Location of INJ: _____ D.O.B.: _____

D.O.E.:_____ Division: _____ Dept: _____ Bureau #:_____ SAL: _____

Full-Time:_____ Part-Time:_____ TEMP: _____ New INJ: _____

Old INJ: _____ NOTICE ONLY: _____ HOURSWORKED: _____ DAYS OFF: _____

Supervisor: _____ Occupation: _____ Hospital Doctor: _____

SHIFT COMPLETED: YES NO DRUG SCREEN: YES NO

Type of Injury/Body Parts (Circle all that apply)

HEAD SCALP FACE EYE(S) EAR(S) MOUTH

NECK THROAT SHOULDER(S) UPPER ARM ELBOW(S) FOREARM

WRIST HAND(S) FINGER(S) BACK CHEST RIBS

HIPS UPPER LEG KNEE(S) LOWER LEG ANKLE FOOT

TOE(S) BODY SYSTEM (HHL OR ILLNESS)

MISC. PARTS: _____ INDICATE: LEFT RIGHT

Injury Classification (Circle all that apply)

HEART LUNG HYPERTENSION STRAINS/SPRAINS ABRAS/BRUISES

FRACTURE CUTS PUNCTURES ANIMAL/INSECT BITES RASH

BURNS HEAT INJURY COLD INJURY RESPIRATORY (INHALATION)

Treatment of Injury (Circle all that apply)

NO TREATMENT FIRST AID/ STAYED ON DUTY TREATED AT HOSPITAL/ RTN TO DUTY

TREATED AT HOSPITAL/ SENT HOME TREATED AT HOSPITAL/ ADMITTED OTHER TREATMENT

Injury Occurred Due To (Circle all that apply)

LIFTING STRUCK AGAINST STRUCK BY SLIP/TRIP FALL

CAUGHT IN, UNDER, and/or BETWEEN PULLING PUSHING INSPECTING

EQUIPMENT HANDLING IMPROPER LIFTING LIFTING HEAVY OBJECT

MOTOR VEHICLE ACCIDENT FOREIGN MATIER (EYES/SKIN)

OTHER: _____

Personal Protection Equipment Used (Circle all that apply)

HELMET (HARD HAT) COAT TURNOUT PANTS TURNOUT BOOTS TYVEKSUIT

SHOES (SAFETY) GLOVES LATEX GLOVES SAFETY GOGGLES NOMEX HOOD

SAFETY VEST LADDER BELT (HOOKED) ELECTRICAL GLOVES

SCBA (MASK) USED: YES NO SEAT BELTS FASTENED: YES NO

OTHER PROTECTIVE EQUIPMENT USED: _____

DESCRIPTION OF HOW INJURY OCCURRED/OTHER REMARKS: _____

_____

_____

_____

It is a crime to knowingly provide false, incomplete or misleading information to any party to an on the job injury transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. Payments are not allowed for injury or claims stemming from, but not limited to falsification of documents, and/or giving false statements. If you have questions contact Workplace Safety at 901-636-6459. The Division has a Specialist that can provide assistance.

I understand and agree that in the event benefits are paid for charges incurred by an employee as a result of accidental bodily injury or disease sustained by such employee, the employee shall reimburse the City OJI Office to the extent of such benefit payments (1) out of any recovery (whether by settlement, judgement, or otherwise) made against any person or organization responsible for causing such injury or disease, and the City Workplace Safety Office shall have a lien upon any recovery received from such injury or disease; (2) but in no event shall such employee be required to make reimbursement in an amount exceeding the recovery received by him/her against the person or organization responsible for causing the injury or disease. I must notify the City's Workplace Safety Office, Third Party Administrator or the City Attorney's Office that a claim or lawsuit has been filed against the third party and/or the third party's insurance company within thirty days of the filing of said action. I agree by signature of this agreement that failure to notify the City of legal representation and/or acceptance of any settlement amount could result in the City's reimbursement being deducted from any wages/salaries.

_____ _____

Signature of Injured Employee Date Completed TIME LOST

_____ _____ NO TIME LOST

OSHA Coordinator Date Received DEATH

_____ _____

Supervisor/ Commanding Officer Date Received

ON-THE-JOB INJURY REPORT CONTINUED

FOR FIRE SERVICES ONLY

BATI: _____ COMPANY: _____ RANK: _____

Injury Occurred While (Circle all that apply)

RESPONDING TO ALARM | RETURNING FROM ALARM | ON SCENE ALARM

IN FIRE BUILDING | OUTSIDE FIRE BUILDING | INSIDE STATION

OUTSIDE STATION | WHILE INSPECTING | WHILE TRAINING

WHILE DOING HOUSEWORK | PHYSICAL FITNESS | VEHICLE ACCIDENT

RECURRENCE OF OLD OJI | MAINTENCE (SHOP) | JOB ENVIRONMENT (H/H/L)

OTHER_____

Injury Caused By (Circle all that apply)

UNSAFE CONDITION | VIOLATION OF RULES | UNAVOIDABLE

VIOLATION INSTRUCTIONS | LACK OF KNOWLEDGE | CARELESSNESS

ASSAULTED | NOT DETERMINED | OTHER_____

FOR POLICE SERVICES ONLY

RANK: _____

Nature of Incident (Circle all that apply)

MOTOR VEHICLE ACCIDENT | ACCIDENTAL | ARRESTING INDIVIDUAL BOOKING #

ASSUAALT ON EMPLOYEE | RESPONDING TO DISTURBANCE | CIT/MENTAL CASE

RESPONDING TO ROBBEFRY | HANDLING PRISONERS | TRAFFIC RELATED

OTHER CALL FOR SERVICE | ROUTINE PATROL | ONE MAN CAR

TWO MAN CAR | OTHER: _____

WEAPON USED TO INJURE OFFICER? : YES NO FIREARM KNIFE HANDS, ETC VEHICLE

CONTAMINATION/ EXPOSURE EMPLOYEE CONTACT: SKIN OPEN WOUND MUCOUS MEMBRANES

PERSONAL PROTECTIVE EQUIPMENT USED? : YES NO

EXPOSURE TO: BLOOD OTHER POTENTIALLY INFECTOUS MATERIALS NONE

EXPOSED TO: HEPATITS HIV TUBERCULOSIS OTHER: _____

SAFETY DEVICE: N/A NOT USED EFFECTIVE

DEFECTIVE EQUIPMENT: YES NO EQUIPMENT SENT FOR REPAIR: YES NO Revised 1/21/19