

UNIVERSITY OF NEW HAMPSHIRE

Report of Injury / Occupational Illness

[to be submitted within two days of occurrence]

To be completed by the injured employee

Name (print): William D. Katt

Social Sec. Number: 012-34-5678

Home address: 123 University Drive

City: Durham State: NH Zip: 03820

Home phone: ( 603 ) 862-0000 Date of birth: 01-01-55

Department: Housekeeping

Department phone: 2-2656

Hourly or annual pay: \$ 7.50 per hour per year

Date of injury/illness: 11-06-2002 Approximate time: 4:30 am pm

Place where injury/illness occurred (building/floor/room): Horton Hall, second floor stairwell

Describe fully how the injury/illness occurred and indicate what you were doing at the time:

I was carrying the vacuum from the second floor to the third and tripped on the cord. I fell about four steps and banged my knee, twisted my ankle and dropped the vacuum on my hand.

Describe the injury/illness in non-medical terms: sore hand, swollen knee and bruised ankle

Body part affected: hand, knee, and ankle left right

Type of accident

- Contact w/chemical Crush Electrical Contact
Fall from elevation Fall from same level Hand tool/'sharps' Inhalation
Material handling Noise exposure Particle in eye Pinch
Repetitive motion Struck by /against
Other:

Employee signature: William D. Katt

Date: 11-7-2002

To be completed by the supervisor

Employee's job title: Building Service Worker Position number: SJS ###

Date of hire: 02-01-88 Hrs/day: 8 Days/wk: 5

Was medical treatment sought?  yes  no If yes, where: Wentworth Douglas Hosptial

Will time be lost?  yes  no If yes, beginning when: 11-7-2002

Was the employee given the WC information on approved providers?  yes  no

**What caused the injury/illness to occur?**

- For example:** **Equipment** (inadequate safeguards, defective equipment)  
**Environment** (poor lighting, housekeeping)  
**Personnel** (lack of safety instruction or training, lack of skill)  
**Method** (procedures, materials used)

**Explain In Detail the Cause of the Injury. There may be more than one causal factor for the injury.**

The employee was carrying the 20 pound vacuum up a flight of stairs in Horton. He tripped on the cord which was not retracted as it should be. He fell down the last few stairs attempting to catch the unit and himself. His left knee and left ankle are very sore and swollen. He is finding it difficult to walk on them.

Was the employee doing something other than his/her required duties at the time of injury?  yes  no  
If yes, what, why and directed by whom: \_\_\_\_\_

**What corrective actions will be taken to avoid recurrence of this type of accident?**

**List the corrective action(s) required for each "Cause of Injury" identified above.**

- Example: 1) Equipment was missing a guard. Maintenance will be scheduled for equipment repair  
2) Employee was not properly trained on the use of the equipment. Supervisor will schedule another training session for this employee.

All broken or faulty equipment must be tagged "out of service" until repaired. All cords must fully retract or be coiled on the equipment prior to moving. If appropriate, all equipment should be moved in the elevator. The employee has been counseled on these procedures. All employees will be reminded of this via a posting on the utility storage closets as to how to report defective equipment.

Who will assume responsibility to ensure the above is completed? Unice N. Hall, Supervisor

When will this be completed? By 11-12-2002

Supervisor completing this form: Unice N. Hall

Department/title: Housekeeping Supervisor Date: 11-8-2002

**Please send copies to:** **Human Resources**  
**Attn: Barbara Beaudette-Pirkl**  
**2 Leavitt Lane**  
**Durham, NH 03824**  
**Fax: 862-1222**

**Environmental Health & Safety**  
**Attn: Alexis Sablock**  
**Perpetuity Hall – 11 Leavitt Lane**  
**Durham, NH 03824**  
**Fax: 862-0047**