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Section A

ClevelandStateUniversity
Occupational Injury/ Illness Report
(Applicable for Employees,Students,and Visitors) injury/illness .

IMPORTANT: All CSU Employees/Students/Visitors must sign the form, scn -AANTII C,

Affected Individual's Relationship to CSU (Check one):

Employee Student Worker Student Visitor

Individual Identification

1. Date/Time of Injury ~~4.~~ City/State/Zip code

5. Home Phone Number _____

6. Work Phone Number _____

7. CSU ID Number _____

8. Birth date _____

CSU Employees Only:

Department _____ Supervisor _____

Campus Extension _____

Supervisor Signature _____

Hire Date _____

Time work shift began _____ AM/PM

Job Title _____

17. If injury occurred, please indicate the portion of the body that was injured:

Section B

ClevelandStateUniversity
Supervisor Investigation Report

(Applicable for Supervisors/Directors and Department Head)

Instructions for Report completion:

This form is to be filled out and signed by either a Supervisor/Director and signed by the Department head. This form is a supplemental Report to go along with the Injury/Illness Report that is filled out by the injured person. Please fill it out to its entirety. **IMPORTANT** - This form is ONLY for your supervisor to fill out and for them only, and not the injured party to review or view. Please forward to Human Resources/Benefits Services Fax (216) 6873976.

Name _____

' Employee ' Student Worker ' Student ' Visitor

Department _____ Date/Time of Incident _____

Type of Injury/Illness _____ Body Parts Affected _____

Witnesses: Name/Phone _____

Specific Job being performed at time of accident/incident

Explain what exactly occurred (person's location, what he/she was doing, what occurrence resulted in accident/incident?)

What

[Redacted] _____

[Redacted] _____