

HR OSHA 301 Report (S451)	
Check Date :	02/12/2010-1
Period Range :	01/31/2010 TO 02/06/2010
Week Number :	Week #7

Information about the employee

- 1) Full Name Rocky Balboa
- 2) Street 233 Balboa Way
City Boxer State MN Zip 23456
- 3) Date of birth 10/7/1962
- 4) Date hired 1/4/2005
- 5) Gender M

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
Dr. Nick
- 7) If treatment was given away from the worksite, where was it given?
Facility St. Elsewhere
Street 666 Ave. H
City St. Petersburg State Fl Zip 52626
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the log 1357924680 (Transfer the case number from the log after you rec
- 11) Date of Injury or illness 2/1/2010
- 12) Time employee began work _____
- 13) Time of event _____ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples:"climbing a ladder while carrying roofing materials";"spraying chlorine from hand sprayer"; "Daily computer key entry" .
Boxing
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time".
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore". Examples: "strained back"; "chemical burn,hand"; "carpal tunnel syndrome."
Concussion
Head - Brain
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine";"radial arm saw." If this question does not apply to the incident, leave it blank.
Square?
- 18) If the employee died, when did the death occur? Date _____

Completed by _____
Title _____
Phone(_____)_____- _____
Date _____

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Information about the employee

- 1) Full Name Doctor Seuss
- 2) Street 1117 Agency Drive
City Burlington State IA Zip 52601-0000
- 3) Date of birth 9/27/1956
- 4) Date hired 12/3/1990
- 5) Gender M

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
Doctor Feelgood
- 7) If treatment was given away from the worksite, where was it given?
Facility Medical Hospital
Street 1 Medical Way
City Somewhere State _____ Zip _____
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the log 111292 (Transfer the case number from the log after you recd)
- 11) Date of Injury or illness 1/31/2010
- 12) Time employee began work _____
- 13) Time of event _____ Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "Daily computer key entry".
Hopped On Pop
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time".
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore". Examples: "strained back"; "chemical burn,hand"; "carpal tunnel syndrome."
*Sprained
Lower Limb - Ankle*
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) If the employee died, when did the death occur? Date _____

Completed by _____

Title _____

Phone(_____) _____ - _____

Date _____