

The WORKAbility Management Group / Safety Audit

Injured Worker Details		Case #	
Date of Birth		Date of Hire	
Occupation			
Job Location		Dept.	

Incident Details			
Date of injury		Last date worked	
Date of onset of symptoms			
Date incident reported			
Injury			
Employee activity at time of injury			
How incident occurred			
Body part injured			
Nature of injury			
Cause			
Witnessed	Yes	No	If yes, by whom
Claim Status	Open	Closed	In litigation

Injury Details		Part of body injured	
Ankle L / R	Arm L / R	Back	Chest
Ear L / R	Elbow L / R	Eye L / R	Face
Fingers	Foot L / R	Hand L / R	Head
Groin	Knee L / R	Leg L / R	Lungs
Mouth	Neck	Psychological	Shoulder L / R
Stomach	Teeth	Toes L / R	Wrist L / R

Nature of Injury			
Amputation	Anxiety	Asthma	Bruising/crushing
Burns	Concussion	Depression	Fractures
Infection	Needle-stick	Poisoning	Rash
Sprain/strain	Trauma to joints	Trauma to muscles	Other

Type of Incident			
Bending/stretching	Bit by animal	Bite/sting by insect	Chemical exposure
Contact with cold object	Contact with hot object	Electricity	Fall from same level
Fall from height	Lifting	Noise exposure	Repetitive motion
Psychological	Pulling/pushing	Radiation exposure	Struck by moving object
Sun exposure	Motor vehicle accident		

Incident Management			
Incident reported to	Co-worker	Supervisor	Medical staff
Contributing factors	Slip/trip/fall hazard	PPE not used	PPE faulty
	Faulty equipment	Workplace ergonomics	Environmental factors
	Other		