1) Full Name

2) EPA Office/

Division

Building/Room

3) Date of birth

4) Date hired

City/State

19) Case Number

Description

Description

**OSHA & EPA 301 - Injury, Illness & Near Miss Report**

**[Form completed by**

**Phone#**

**Date**

I

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

**Information about the employee**

 **Information about the injury/Illness or near miss**

10) Location of injury/illness, or near miss

EPA Employee

Grantee or other non-EPA Employee

11) Date of injury/illness, or near miss

12) Time employee began work

AM/PM

13) Time of event

AM/PM

Check if Time Cannot be Determined

14) **What was the employee doing just before the incident or near miss occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying materials"; "walking down hallway", etc.

5)

Male

Female

**Information about the "non-governmental" physician or other health care professional**

6) Name of physician or other health care professional

15) **What happened?** Tell us how the injury, near miss occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker developed soreness in wrist over time."

7) If away from the worksite, where was the treatment given?

Facility

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."

Street

8) Was employee treated in an emergency room?

Yes

No

17) **What object or substance directly harmed the employee?** Examples: "floor"; "cabinet door" If this question does not apply to the incident, leave it blank.

9) Was employee hospitalized overnight as an in-patient?

Yes

No

18) **If the employee died, when did death occur?** Date and time of death

Information about the Case (To be completed by SHEMP Manager)

21) **Source Code**

Code

22) Injury/Illness

Code

20) Check one

Near Miss □ or Recordable Injury or Illness □

Nature Code

EPA Form 1340-1