

STAFF / CONSUMER INJURY REPORT

NAME: _____ DATE OF INJURY: _____

PARTS OF THE BODY INJURED

- | | | |
|---------------|-------------|------------------------------|
| 1. Head | 13. Hand | 25. Ankle |
| 2. Face | 14. Finger | 26. Feet |
| 3. Ear | 15. Thumb | 27. Instep |
| 4. Eye | 16. Chest | 28. Toe |
| 5. Chin | 17. Ribs | 29. Buttock |
| 6. Neck | 18. Back | 30. Groin |
| 7. Collarbone | 19. Abdomen | 31. Other, specify:
_____ |
| 8. Shoulder | 20. Hip | _____ |
| 9. Arm | 21. Knee | _____ |
| 10. Elbow | 22. Thigh | _____ |
| 11. Forearm | 23. Shin | |
| 12. Wrist | 24. Leg | |

TYPE OF INJURY

- | | |
|-------------|------------------------------|
| 1. Scratch | 8. Strain/Sprain |
| 2. Cut | 9. Dislocation |
| 3. Abrasion | 10. Concussion |
| 4. Bruise | 11. Fracture |
| 5. Swelling | 12. Other, specify:
_____ |
| 6. Puncture | _____ |
| 7. Sum | _____ |
| | 13. Unknown |

LOCATION

- | | |
|-------------------------|------------------------------|
| 1. Home-Bathroom | 9. Workshop-Work Area |
| 2. Home-Bedroom | 10. Workshop-Outside |
| 3. Home-Kitchen | 11. Vehicle |
| 4. Home-Dining room | 12. Other, specify:
_____ |
| 5. Home-Living room | _____ |
| 6. Home-Outside | 13. Unknown |
| 7. Workshop-Bathroom | |
| 8. Workshop-Dining Area | |

CAUSE OF INJURY

- | | |
|------------------------|--|
| 1. Fall | 10. Machine |
| 2. Slip | 11. Possible Abuse/Neglect (MUST report immediately) |
| 3. Trip | 12. Other, specify:
_____ |
| 4. Self-inflicted | _____ |
| 5. Aggression | 13. Unknown |
| 6. Extreme temperature | |
| 7. Chemical | |
| 8. Struck by object | |
| 9. Sharp object | |

