INJURY REPORTING INSTRUCTIONS

1. FILL OUT INJURY AND ILLNESS REPORT FORM

2. IF NO MEDICAL ATTENTION REQUIRED:
   - DO NOT CALL “DOAS 24 HOUR INJURY REPORT LINE”

3. IF MEDICAL ATTENTION IS REQUIRED:
   - CALL “DOAS 24 HOUR INJURY REPORT LINE” at (877) 656-7475
   - PLEASE NOTE:
     - AGENCY UNIT LOCATION # – GEORGIA TECH: # 7202
     - YOU DO NOT HAVE TO GIVE YOUR SOCIAL SECURITY NUMBER (SSN)

4. MAIL COMPLETED INJURY AND ILLNESS REPORT TO:
   EHS Office
   Attn: Aleece Foxx
   Mail Code: 0465
   or Fax: 404-894-5042
INJURY AND ILLNESS REPORT FORM
Environmental Health & Safety

Employee Name: ____________________________
Date of Injury: ____________________________ Time Injury Occurred: ____________________________
Department: ____________________________ Job Title: ____________________________
Contact #: ____________________________ Employee's Start Time: ____________________________
Home Address: ____________________________
City/State/Zip Code: ____________________________
Birth Date: ____________________________ Hire Date: ____________________________
Specific Location of Incident (bldg, floor, room #, inside/outside): ____________________________

Injured Body Part: □ Face/Neck □ Head □ Eyes □ Legs □ Hands □ Back □ Arms □ Feet
□ Respiratory □ Other, specify ____________________________

Type of Injury/Illness: ____________________________
Describe how Injury/Illness Occurred: ____________________________

Describe Contributing Factors/Events (Describe events preceding the Injury/Illness): ____________________________

Witnesses/Others: ____________________________ Contact #: ____________________________
Supervisor: ____________________________ Contact #: ____________________________

Does Employee Need Medical Treatment? □ YES □ NO

I agree with the information above.
Employee Signature: ____________________________ Date: ____________________________
Supervisor Signature: ____________________________ Date: ____________________________

Name of Treating Facility: ____________________________
Physician's Name: ____________________________ Phone #: ____________________________
Address: ____________________________ City/State/Zip Code: ____________________________

Please Fax Completed Form to Aleece Foxx – (404) 894-5042
If Medical Attention was given, Supervisors Must Notify: DOAS 24 Hour Injury Report Line – (877) 656-7475

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