13 **HOW DID THE ACCIDENT OCCUR?** (Describe fully the events)

a **AGENCY** (Object or substance involved)
ACCIDENT AGENCY (1st column) The first object or substance involved in accident sequence
INJURY AGENCY (2nd column) The agency inflicting the injury See also section 15
(Example Worker fell from ladder and struck head on machine Check 'Ladder' under accident and check 'Machine' under injury)

	ACCIDENT	INJURY	(Check one box in each column)
▶▶	45-46 01 ☐	47-48 01 ☐	Machine
	02 ☐	02 ☐	Conveyor elevator hoist
	03 ☐	03 ☐	Vehicle
	04 ☐	04 ☐	Electrical apparatus
	05 ☐	05 ☐	Hand tool
	06 ☐	06 ☐	Chemical
	07 ☐	07 ☐	Working surface bench table etc
	08 ☐	08 ☐	Floor walking surface
	09 ☐	09 ☐	Bricks rocks stones
	10 ☐	10 ☐	Box barrel container (empty or full)
	11 ☐	11 ☐	Door window etc
	12 ☐	12 ☐	Ladder
	13 ☐	13 ☐	Lumber woodworking materials
	14 ☐	14 ☐	Metal
	15 ☐	15 ☐	Stairway steps
	16 ☐	16 ☐	Other
	17 ☐	17 ☐	Unknown
	18 ☐	18 ☐	None

b **ACCIDENT TYPE.** (First event in the accident sequence)

▶	49-50 01 ☐	Fall from elevation
	02 ☐	Fall on same level
	03 ☐	Struck against
	04 ☐	Struck by
	05 ☐	Caught in under or between
	06 ☐	Rubbed or abraded
	07 ☐	Bodily reaction
	08 ☐	Overexertion
	09 ☐	Contact with electrical current
	10 ☐	Contact with temperature extremes
	11 ☐	Contact with radiations caustics toxic and noxious substances
	12 ☐	Public transportation accident
	13 ☐	Motor vehicle accident
	14 ☐	Other
	15 ☐	Unknown

ANSI Z16 1 INFORMATION

A **DEGREE OF DISABILITY UNDER Z16.1**

▶	60 1 ☐	Not a recordable case under Z16 1
	2 ☐	Temporary total disability
	3 ☐	Permanent partial disability
	4 ☐	Permanent total disability
	5 ☐	Fatality

▶ B **DAYS CHARGED UNDER Z16.1** 61-64 _____

OCCUPATIONAL INJURY OR ILLNESS

14 **DESCRIBE THE INJURY OR ILLNESS** in detail and indicate the part of the body affected

a **NATURE OF INJURY OR ILLNESS** (Check most serious one)

▶	51 52, 01 ☐	Amputation
	02 ☐	Burn and scald (heat)
	03 ☐	Burn (chem cal)
	04 ☐	Concussion
	05 ☐	Crushing injury
	06 ☐	Cut laceration puncture abrasion
	07 ☐	Fracture
	08 ☐	Hernia
	09 ☐	Bruise contusion
	10 ☐	Occupational illness
	11 ☐	Sprain strain
	12 ☐	Other

b **PART OF BODY** (Check most serious one)

▶	53 54 01 ☐	Eyes
	02 ☐	Head face neck
	03 ☐	Back
	04 ☐	Trunk (except back, internal)
	05 ☐	Arm
	06 ☐	Hand and wrist
	07 ☐	Fingers
	08 ☐	Leg
	09 ☐	Feet and ankles
	10 ☐	Toes
	11 ☐	Internal and other

15 **NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE.** Also check one box in injury column under 13a

16 **DATE OF INJURY OR INITIAL DIAGNOSIS OF OCCUPATIONAL ILLNESS**

a **MONTH**

▶	55-56 01 ☐	Jan	07 ☐	July
	02 ☐	Feb	08 ☐	Aug
	03 ☐	March	09 ☐	Sept
	04 ☐	April	10 ☐	Oct
	05 ☐	May	11 ☐	Nov
	06 ☐	June	12 ☐	Dec

▶ b **DATE OF MONTH** 57 58 _____

17 **DID EMPLOYEE DIE?**

▶	59 1 ☐	Yes Date of Death _____
	2 ☐	No

OTHER

18 **NAME AND ADDRESS OF PHYSICIAN** _____

19 **IF HOSPITALIZED NAME AND ADDRESS OF HOSPITAL** _____

DATE OF REPORT _____

PREPARED BY _____

OFFICIAL POSITION _____

NSC will use for statistics only and hold report confidential

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FIG 6–3