

# INJURY ANALYSIS REPORT

## A. Company Information

Firm Name															
Firm Number						Rate Number									
Address															
City/Town									Postal Code						
Reporting Period															
From						To									
		Day		Month		Year				Day		Month		Year	
Prepared by						Date									
		Day		Month		Year				Day		Month		Year	

## B. Nature of Injury or Disease

Department/ Occupation	Amputations	Bruises, contusions	Burns (chemical)	Burns or scalds (heat)	Cuts, lacerations	Fractures	Inflammation/irritation of joints, tendons or muscles	Multiple injuries	Occupational illnesses or disorders	Scratches/abrasions	Sprains, strains, tears	Surface wounds (foreign bodies)		Total
														As a %
														%
														%
														%
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														%
														%
														%
														%
<b>Total</b>														
<b>As a %</b>														%

### C. Part of Body

Department/ Occupation	Ankle(s)	Arm(s) (above wrist, not elbows)	Back (including back muscles, spine, spinal cord)	Elbow(s)	Eye(s)	Finger(s)	Foot/feet	Hand(s)	Head (not including eyes)	Internal injuries	Knee(s)	Leg(s) (not knee(s))	Multiple body parts	Shoulder(s)	Wrist(s)	Total
	As a %															
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<b>Total</b>																
<b>As a %</b>																%

## D. Source of Injury or Disease

Department/ Occupation	Bodily motion/position of worker (e.g., walking, climbing)	Boxes, crates, cartons	Chemicals	Furniture	Hand tools (non-powered)	Hand tools (powered)	Ladders	Machines (e.g., presses, extruders, mills, saws)	Non-powered vehicles (e.g., hand trucks, dollies)	Powered vehicles (e.g., forklifts, stackers)	Working surfaces (e.g., floors, roofs, ramps, stairs, street)	Computers and Peripherals	Total
	As a %												
													%
													%
													%
													%
													%
													%
													%
													%
													%
<b>Total</b>													%
<b>As a %</b>													%

## E. Event of Exposure

Department/ Occupation	Bodily reaction	Caught in or compressed by equipment or objects	Contact with temperature extremes	Exposure to caustic, noxious or allergenic substances	Fall on same level	Fall to lower level	Overexertion (in lifting pulling, pushing, carrying, etc.)	Repetitive motion	Rubbed or abraded by foreign matter in eye	Struck against object	Struck by object				Total	As a %
																%
																%
																%
																%
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																%
																%
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																%
<b>Total</b>																%
<b>As a %</b>																%

## F. Summary of Key Findings

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## G. Recommended Actions

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## H. The Cases

All Cases	Cases	As a % of total
From form 7 reports		
From first aid reports		
<b>Total</b>		
Lost Time Cases	Cases	As a % of total
Total lost time cases		
Total days lost	Days lost	
Average days lost per case	Days lost per case	
Health Care Cases	Cases	As a % of total
Total health care cases		

## I. Day and Time of Injury or Disease

Day of Injury or Disease	Cases	As a % of total
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
<b>Total</b>		

Time of Injury or Disease		12:00 - 12:59	1:00-1:59	2:00-2:59	3:00-3:59	4:00-4:59	5:00-5:59	6:00-6:59	7:00-7:59	8:00-8:59	9:00-9:59	10:00-10:59	11:00-11:59	Total
a.m.														
p.m.														

## J. The Injured Workers

Length of Time on the Job	Cases	As a % of total
1 - 7 days		
8 - 30 days		
31 days - 6 months		
More than 6 months, but not more than 1 year		
More than 1 year, but not more than 3 years		
More than 3 years, but nor more than 5 years		
More than 5 years		
<b>Total</b>		

Age	Cases	As a % of total
15 - 19 years		
20 - 23 years		
24 - 30 years		
31 - 40 years		
41 - 50 years		
Over 50 years		
<b>Total</b>		

Gender	Cases	As a % of total
Female		
Male		
<b>Total</b>		

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