

ARN# \_\_\_\_\_

Section A

ClevelandStateUniversity  
Occupational Injury/ Illness Report  
(Applicable for Employees,Students,and Visitors) injury/illness .

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**IMPORTANT:** All CSU Employees/Students/Visitors must sign the form, scn -AANTII C,

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Affected Individual's Relationship to CSU (Check one):

Employee     Student Worker     Student     Visitor

Individual Identification

1. Date/Time of Injury 4. City/State/Zip Code

\_\_\_\_\_

5. Home Phone Number \_\_\_\_\_

6. Work Phone Number \_\_\_\_\_

7. CSU ID Number \_\_\_\_\_

8. Birth date \_\_\_\_\_

CSU Employees Only:

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Campus Extension \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Hire Date \_\_\_\_\_

Time work shift began \_\_\_\_\_ AM/PM

Job Title \_\_\_\_\_



17. If injury occurred, please indicate the portion of the body that was injured:



Section B

Cleveland State University  
Supervisor Investigation Report

(Applicable for Supervisors/Directors and Department Head)

Instructions for Report completion:

This form is to be filled out and signed by either a Supervisor/Director and signed by the Department head. This form is a supplemental Report to go along with the Injury/Illness Report that is filled out by the injured person. Please fill it out to its entirety. **IMPORTANT** - This form is ONLY for your supervisor to fill out and for them only, and not the injured party to review or view. Please forward to Human Resources/Benefits Services Fax (216) 6873976.

Name \_\_\_\_\_

' Employee          ' Student Worker          ' Student          ' Visitor

Department \_\_\_\_\_ Date/Time of Incident \_\_\_\_\_

Type of Injury/Illness \_\_\_\_\_ Body Parts Affected \_\_\_\_\_

Witnesses: Name/Phone \_\_\_\_\_

Specific Job being performed at time of accident/incident

\_\_\_\_\_

Explain what exactly occurred (person's location, what he/she was doing, what occurrence resulted in accident/incident?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What

[Redacted] \_\_\_\_\_

[Redacted] \_\_\_\_\_