

Form for reporting an overexertion injury

Use this form to record, report, and track symptoms of overexertion injuries. (It's intended for use within your company, and not to be used for reporting to Oregon OSHA.)

Employee
name: _____

Date: _____

Employee job
title: _____

Supervisor: _____

Division: _____

Section: _____

Unit: _____

Length of service in present position:

- Less than 6 months 6 months-1 year 1-2 years 2-3 years 3-5 years More than 5 years

Location of
task: _____

Check activities that led to symptom:

- Driving Keyboarding Lifting Carrying Pushing/pulling
 Climbing Reaching Handling Bending Twisting
 Other: _____

Task(s) causing symptom: _____

Total time spent at task in one work day:

- Less than 2 hours 2-4 hours 4-6 hours 6-8 hours 8-10 hours

Continuous time spent at task without rest:

- Less than 1 hour 1-2 hours 2-3 hours More than 3 hours
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