



THIS INJURY AND ILLNESS INCIDENT REPORT IS ONE OF THE FIRST FORMS THAT MUST BE FILLED OUT WHEN A RECORDABLE WORK-RELATED INJURY OR ILLNESS HAS OCCURRED. PLEASE FOLLOW THE FORM INSTRUCTIONS CAREFULLY.

- **PLEASE NOTE:** The form **must be** printed on **one sheet** of paper with the first page of the form printed on the front and the second page of the form printed on the back.
- This form, along with the OSHA's Form 301 – Injury and Illness Incident Report, should be completed as soon as possible after an accident or illness.
- This form should be typed.
- This form must be used exclusively by all state employees in presenting claims for workers' compensation. All questions must be answered.
- Question 4 – State Agency should be “ ETSU- ” department name.
- Question 5 – Office Address should be “807 University Pkwy, Box” and the box number of the department.
- Upon completion, please sign and return the completed form to:

HUMAN RESOURCES
BOX 70564

Your assistance in completing this form correctly is appreciated.