



WHEATON COLLEGE

Human Resources

INJURY REPORT

INJURED EMPLOYEE INFORMATION					
Employee Name:				Social Security #:	
Employee Address:					
Home Telephone #:		Work Telephone #:		Date of Birth:	
Sex: M ____ F ____	Marital Status: M ____ S ____		# of Dependents:		Date of Hire:
Job Title:			Department:		
Supervisor's Name:			Supervisor's Title:		
Pay Type: (MO, BW)	If monthly, what is monthly salary:			If hourly, what is hourly wage:	
Hours worked per week:			Time Employee began work on day of injury:		
ACCIDENT INFORMATION					
Date of Injury:		Time of Injury:		Date Reported:	Date Reported As Work Related:
Was employee injured on employer's premises? Yes ____ No ____			Location of Injury if not on Employer's Premises:		
Source of Injury:			Person to Whom Injury was Reported:		
Witnesses to Injury:					
Briefly Describe How Injury Occurred:					
Injury Codes (see next page):			Body Parts Codes (see next page):		
Did employee return to work?		If no, date of first work day missed:		# of work days lost:	
Date employee returned to work?			Will employee be disabled 5 or more days?		
EMPLOYER INFORMATION					
Employer: Wheaton College		Employer's Address: 26 East Main Street, Norton, MA 020766		Phone #: 508 286-8206	
Employer's Federal Tax ID#: 04-210-3638		Industry Code: #82	Business Type: Educational		Self-Insured: No
Worker's Comp Ins. Carrier: Independent Schools Compensation Corp. (ISCC)			Phone #: 978 691-2470		Policy #: APP8446100

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

NATURE OF INJURY OR ILLNESS CODES

100 Amputation or Eruclotion	159 Other Infective or Parasitic Diseases	<u>Pneumoconiosis</u>	295 Welder's Flash
110 Asphyxia or Strangulation Etc.	<u>Dermatitis</u>	280 Pneumoconiosis	<u>Other</u>
120 Burns (Heat)	180 Dermatitis, UNS*	281 Aluminosis	265 Carpal Tunnel Syndrome
130 Burns (Chemical)	183 Primary Infections of the Skin	282 Anthracosis	510 Cardiovascular and Other Conditions of the Circulatory System
140 Concussion	184 Other Skin Conditions	283 Asbestosis	520 Complications Peculiar to Medical Care
160 Contusion, Crushing, Bruise	185 Dermatitis, Allergenic or Contact	284 Byssinosis	500 Effects of Changes in Atmospheric Pressure
170 Cut, Laceration, Puncture	189 Skin Condition, NEC**	285 Siderosis	240 Effects of Environmental Heat
190 Dislocation	<u>Poisoning Systemic</u>	286 Silicosis	220 Effects of Exposure to Low Temperature
200 Electric Shock, Electrocution	270 Poisoning, Systemic, UNS*	287 Other Pneumoconioses	530 Eye, other Diseases of the Eye
210 Fracture	271 Due to Toxic Materials other than Lead	289 Pneumoconiosis and Tuberculosis	230 Hearing Loss or Impairment
250 Hernia, Rupture	272 Diseases of the Blood and Blood Forming Organs	<u>Nervous System, Conditions of</u>	991 Heart Condition, Excludes Heart Attack
300 Scratches, Abrasions	273 Upper Respiratory Conditions	560 Nervous System, Conditions of - NEC**	320 Hemorrhoids
310 Sprains, Strains	274 Influenza, Pneumonia, Etc.	561 Diseases of the Central Nervous System	330 Hepatitis, Serum and Infective
400 Multiple Injuries	276 Other Diseases of the Gastro-Intestinal Tract	562 Diseases of the Nerves and Peripheral Ganglia	275 Hepatitis, Toxic
900 No Injury	278 Effects of Lead	<u>Neoplasm Tumor</u>	260 Inflammation of Joints, Etc.
950 Damage to Prosthetic Devices	279 Other Toxic Effects of One System Only	550 Neoplasm Tumor, UNS*	540 Mental Disorders
995 No Other Injury, NEC**	<u>Respiratory Systems, Conditions of</u>	551 Malignant	900 No Illness
999 Non-classifiable	570 Respiratory Systems, Conditions of	552 Benign	999 Non-classifiable
<u>Infective or Parasitic Disease</u>	571 Upper Respiratory	<u>Radiation Effects</u>	990 Occupational Disease, NEC**
150 Infective or Parasitic Disease, UNS*	572 Asthma, Influenza, Pneumonia	290 Radiation Effects, UNS*	580 Symptoms and Ill-defined Conditions
151 Amebiasis		291 Non-Ionizing Radiation	
152 Anthrax		292 Microwaves	
153 Brucellosis		293 Ionizing Radiation - X-Ray	
154 Conjunctivitis and Ophthalmia		294 Ionizing Radiation - Isotopes	
156 Tetanus			
157 Tuberculosis			

BODY PARTS AFFECTED CODES

<u>Head</u>	160 Skull	400 Trunk, UNS*	518 Leg(s), Multiple
100 Head, UNS*	198 Head Multiple	410 Abdomen, Internal Organs, Inguinal Hernia	519 Leg(s), NEC**
110 Brain	200 Neck & Cervical Vertebrae	420 Back	520 Ankle(s)
120 Ear(s), UNS*	<u>UPPER EXTREMITIES</u>	430 Chest, Ribs, Breastbone, Internal Organs	530 Foot or Feet, Not Ankle
121 Ear(s), External	300 Upper Extremities, NEC**	440 Hip(s)...Pelvis, Organs and Buttocks	540 Toe(s)
124 Ear(s), Internal	310 Arm(s), UNS*	450 Shoulder(s)	598 Lower Extremities, Multiple
130 Eye(s), UNS*	311 Upper Arm	498 Trunk, Multiple	700 MULTIPLE PARTS
140 Face, UNS*	313 Elbow(s)	<u>LOWER EXTREMITIES</u>	Applies when more than one major body part as been effected such as an arm and a leg
141 Jaw, Chin	315 Forearm(s)	500 Lower Extremities	999 NON-CLASSIFIABLE - Insufficient Information to identify part of body effected. Includes damage to prosthetic devices.
144 Mouth and Throat (vocal chords, larynx)	318 Arm(s), Multiple	510 Leg(s), UNS*	
146 Nose	319 Arm(s), NEC**	513 Knee(s)	
148 Face, Multiple Parts	320 Wrist(s)	515 Lower Leg(s)	
149 Face, NEC**	330 Hand(s), Not Wrists or Fingers		
150 Scalp	340 Finger(s)		
	398 Upper Extremities, Multiple		

*UNS – UNSPECIFIED

**NEC – NOT ELSEWHERE CLASSIFIED