



EMPLOYEE PERSONAL INJURY/OCCUPATIONAL ILLNESS REPORT

Each employee reporting an injury, condition or occupational illness on duty and/or on property must fill out this report and provide it to his or her supervisor (pursuant to § 225.19). A copy will be provided upon request.

NAME OF INJURED PERSON		AGE	DATE OF BIRTH	SENIORITY DATE	EMPLOYEE ID NUMBER
ADDRESS OF INJURED PERSON (STREET, CITY, ZIP CODE)					TELEPHONE NUMBER
LOCATION OF INJURY (CITY AND STATE)		MILE POST (IF APPLICABLE)	SUBDIVISION (IF APPLICABLE)	DATE OF INJURY	TIME
TEMPERATURE	VISIBILITY (Check correct response)	<input type="checkbox"/> DAWN <input type="checkbox"/> DAY	<input type="checkbox"/> DUSK <input type="checkbox"/> DARK	WEATHER (Check correct response)	<input type="checkbox"/> AM <input type="checkbox"/> PM
		<input type="checkbox"/> CLEAR	<input type="checkbox"/> RAIN	<input type="checkbox"/> SLEET/ICE	
		<input type="checkbox"/> CLOUDY	<input type="checkbox"/> FOG	<input type="checkbox"/> SNOW	
IF THIS IS AN ILLNESS OR CONDITION RATHER THAN AN ACUTE INJURY, WHEN DID YOU FIRST NOTICE SYMPTOMS?			WHERE WERE YOU FIRST TREATED OR DIAGNOSED?		
DESCRIBE INJURIES OR ILLNESS/CONDITION: (attach additional pages if necessary)					
DESCRIBE FULLY HOW INJURY, ILLNESS OR CONDITION OCCURRED: (attach additional pages if necessary)					
WAS THE ACCIDENT CAUSED BY THE CONDUCT OF ANOTHER PERSON?			IF YES, PLEASE DESCRIBE:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
COULD YOU HAVE PREVENTED YOUR INJURY?			IF YES, PLEASE DESCRIBE:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
WAS THERE ANY DEFECTUAL FUNCTION/PROBLEM OF WITH THE EQUIPMENT OR WORK PROCEDURES?			IF YES, PLEASE DESCRIBE:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
TYPE OF MEDICAL ATTENTION ADMINISTERED (PRESCRIPTION, BRACE, SPLINT, ETC):					
NAME OF PHYSICIAN:			ADDRESS:		
NAME OF ATTENDING FACILITY:			ADDRESS:		
SUPERVISOR NAME:		NOTE - If you do not receive medical treatment as the result of this injury or occupational illness, you must promptly notify your supervisor:			
		<ul style="list-style-type: none"> • if you experience any complications resulting from your injury/illness. • if you are unable to perform your normal duties or absent yourself from your regular assignment because of this injury/illness. • before visiting a health care professional for subsequent treatment or observation due to your injury. 			
IF INJURY OCCURRED WHILE WORKING WITH ON TRACK EQUIPMENT, LIST INITIALS AND NUMBERS:					
IMPORTANT: LIST ALL PERSONS WHO WITNESSED THE INJURY OR WHO CAN GIVE ANY INFORMATION ABOUT IT:					
NAME		OCCUPATION		ADDRESS (Show Street and City)	
Signed				Date	

PLEASE ANSWER ALL QUESTIONS (USE REVERSE SIDE IF NECESSARY)

Describe injuries or illness/condition:

Hurt back

Describe fully how injury or occupational illness occurred

Bad Order Switch



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COULD YOU HAVE PREVENTED YOUR INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, HOW?		
WAS THERE ANY DEFECT/FUNCTION PROBLEM OF WITH THE EQUIPMENT OR WORK PROCEDURES? <input type="checkbox"/> Yes <input type="checkbox"/> No			IF YES, PLEASE DESCRIBE:		
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PLEASE ANSWER ALL QUESTIONS (USE REVERSE SIDE IF NECESSARY)

- Was the accident caused by the conduct another person?

YES!

- Could you by more care on your part have prevented the injury.

NO



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PLEASE ANSWER ALL QUESTIONS (USE REVERSE SIDE IF NECESSARY)

- Was there any defect
- malfunction
- problems of or with the equipment or work procedures?
- YES
- B/O Switch

BNSF 72 HOUR RULE

- **If the employee experiences muscular aches and pains from “routine” work that do not appear to be serious when they first occur, he or she has 72 hours to notify the appropriate supervisor that an injury has occurred. Employees will not be disciplined for “late reporting” of this type of injury as long as they:**

BNSF 72 HOUR RULE

- 1. Report the injury within 72 hours of the probable triggering event;**
- 2. Notify the supervisor before seeking medical attention; and**
- 3. The medical attention verifies that the injury was most likely linked to the event specified.**