

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
INJURY/ILLNESS REPORT

Please print or type in all UPPER CASE letters

SECTION A-EMPLOYEE INFORMATION

1) Employee Name		
_____	_____	_____
Last	First	M.I.
2) District/Central _____ Office Code	3) Unit (Cost _____ Center Code)	4) Length of DOT _____ Employment years months
5) Employee's Job _____ Classification Code	6) DOB _____ MM/DD/YYYY	7) Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Injury or Illness _____	Time of Injury or Illness _____ : _____ HH MM AM/PM	

SECTION B-INJURY/ILLNESS OCCURRENCE

1) DESCRIBE FULLY HOW AND WHERE THE INJURY/ILLNESS OCCURRED

Driver's signature

Date signed MM/DD/YYYY

SECTION C-INJURY/ILLNESS INFORMATION (The following fields are required)

Injury Classification _____
(see code)

Injury/Illness Cause _____
(see code)

Injury/Illness Source _____
(see code)

Body Part Injured _____
(see code)

Protective Equipment:

Required Yes No

Available Yes No

Used Yes No

SECTION D-COMMENTS AND RECOMMENDATIONS

1) SUPERVISOR

Last Name

First Name

Phone

Comments and Recommendations for Prevention/Corrective Actions

2) SAFETY

Last Name

First Name

Phone

Comments and Recommendations for Prevention/Corrective Actions

3) UNIT MANAGER/OFFICE HEAD Was employee awareness a factor? Yes No

Last Name

First Name

Phone

Comments and Recommendations for Prevention/Corrective Actions

REPORTING CODES

DISTRICT CODES

01 District 1 (Bartow)
 02 District 2 (Lake City)
 03 District 3 (Chipley)
 04 District 4 (Ft. Lauderdale)
 05 District 5 (Deland)
 06 District 6 (Miami)
 07 District 7 (Tampa)
 08 Turnpike District
 Central Office-Finance and
 Administration
 09 Tolls
 10 All Others
 Central Office-Planning and Engineering
 11 Materials Office
 12 All Others
 Central Office-Operations
 13 Motor Carrier Compliance Office
 14 All Others

INJURY/ILLNESS CLASSIFICATION

01 No Treatment
 02 First Aid
 03 First Aid Medical
 04 Medical Treatment
 05 Fatality
 06 Illness

EVENT OR EXPOSURE

01 fall on same level
 02 fall to lower level
 03 slipped, tripped
 04 struck by object
 05 struck by vehicle/equipment
 06 struck by person
 07 struck against tools/equipment/object
 08 caught in/under/between
 09 rubbed/abraded
 10 exposure to radiation, corrosives,
 toxic subs.
 11 exposure to noise
 12 contact with temperature extremes
 13 contact with electrical current
 14 load –carrying/holding/twisting/
 reaching
 15 load –lifting
 16 load –pushing/pulling/turning
 17 no load –bending
 18 no load –reaching/twisting
 19 stings, venomous bites
 20 fire/explosives
 99 other, specify

BODY PART AFFECTED

01 head 18 buttock
 02 ears 19 groin
 03 eyes 20 upper arm
 04 face 21 elbow
 05 nose 22 wrist
 06 mouth/teeth 23 hand
 07 jaw/chin 24 fingers
 08 neck/throat 25 leg
 09 whole torso 26 thigh
 10 shoulder 27 knee
 11 collar bone 28 shin/calf
 12 chest/ribs 29 ankle
 13 heart 30 foot
 14 lung 31 toe(s)
 15 back/spine 32 multiple body
 16 abdomen parts
 17 hip 99 other, specify

TYPE OR NATURE OF INJURY/ILLNESS

01 fracture, dislocation
 02 sprain, sprain torn
 03 pulled muscle
 04 amputation
 05 animal or insect bite, sting
 06 cut/laceration/puncture
 07 scratch, abrasion
 08 blisters
 09 bruise, contusion

10 burn (chemical)
 11 burn, scald (heat)
 12 burn (electrical)
 13 concussion, loss of consciousness
 14 heat exhaustion, heat stroke
 15 asphyxiation, suffocation, drowning
 16 electric shock, electrocution
 17 poisoning
 18 back pain, hurt back
 19 hearing loss, or impairment
 20 dermatitis/rash
 99 other, specify

SOURCE OF INJURY/ILLNESS

10 airborne dust particles
 11 foreign body/sliver/chip
 12 power tools, electrical
 13 electric apparatus
 14 weather conditions/natural elements
 15 containers, pressurized
 16 containers, nonpressurized
 17 pressurized lines
 18 radiating substances and equipment
 19 fire, flame, smoke
 20 welding fumes
 21 poison oak, ivy, other plants
 22 hand tool, not powered
 23 hand tool, powered
 24 chemicals/chemical products
 25 cleaning compounds, soaps
 detergents, disinfectants
 26 ladders
 27 walking/working surfaces
 28 infectious agents
 29 machines
 30 mechanical transmission apparatus
 31 hoisting apparatus
 32 pesticides, herbicides
 33 industrial powered vehicle
 99 other, specify

TASK AT TIME OF INJURY/ILLNESS

PAVEMENT MAINTENANCE

411 asphalt repair - manual
 412 asphalt repair - mechanical
 414 base repair
 421 pressure grouting
 423 concrete pavement joint repair
 424 concrete slope pavement joint
 repair
 425 concrete pavement surface repair
ROADSIDE MAINTENANCE
 431 motor grader operation
 432 repairing non-paved shoulders, front
 slopes, and roadside ditches - manual
 433 sodding
 435 seeding, fertilizing and mulching
 436 reworking non-paved shoulders,
 front slopes, and roadside
 ditches - mechanical
 437 miscellaneous slope and ditch
 repair

DRAINAGE

451 clean drainage structures
 456 repair or replace storm drains, side
 drains, cross drains
 457 concrete repair
 459 concrete sidewalk repair
 461 roadside ditches - clean, reshape
 464 outfall ditches - clean, repair
 465 mitigation area maintenance

VEGETATION AND AESTHETICS

471 large machine mowing
 482 slope mowing
 484 intermediate machine mowing
 485 small machine mowing
 487 weed control - manual
 489 wildflowers
 490 fertilizing
 492 tree trimming and removal

ROUTINE MAINTENANCE ACTIVITIES

493 landscaped area maintenance
 494 chemical weed and grass control
 497 chemical weed and grass control
 selective weeding - broadcast or wiping
 540 graffiti removal
 541 roadside litter removal
 545 edging and sweeping
 542 road sweeping - manual
 543 road sweeping - mechanical
 544 rest area maintenance
TRAFFIC SERVICES
 520 signs- ground signs 30 square feet or
 less
 521 signs - ground signs over 30 square
 feet -all overlaid signs
 522 sign cleaning
 526 guardrail repair
 527 fence repair
 530 routine attenuator inspection and
 service
 531 attenuator repair
 532 pavement striping – large machine
 534 pavement symbols
 537 raised pavement marker replacement
 787 highway lighting maintenance
BRIDGE ROUTINE MAINTENANCE
 805 bridge joint repair
 806 bridge deck maintenance and repair
 810 bridge handrail maintenance and
 repair
 825 superstructure maintenance and
 repair
 845 substructure maintenance and repair
 859 channel maintenance
 861 routine bridge electrical maintenance
 865 routine bridge mechanical
 maintenance
 869 movable bridge structural
 maintenance
 888 bridge damage repair
 896 ferry slip maintenance and repair
 898 tunnel maintenance
MISCELLANEOUS ROUTINE MAINT
 135 environmental work
 197 engineering duties
 656 maintenance of toll building, area
 780 driveway-utility permit processing
 and inspection
 781 weigh station building and grounds
 maint
 782 transportation and supervision of
 prison labor
 901 bridge inspection
 903 underwater bridge inspection
 905 overhead sign structure inspection
 919 other bridge inspection
 921 preliminary bridge engineering
 929 other bridge engineering
 930 supervision of bridge maintenance
 and operations
 931 bridge operation
 932 tunnel operation
 933 ferry operation
 941 supervision, engineering, and
 inspection of roadway maintenance
 942 contract maintenance supervision,
 engineering and inspection
 991 emergency maintenance
 992 periodic maintenance
 993 betterment
 994 work performed for other state
 agencies
 995 maintenance support services
 996 transporting equipment or material or
 personnel
 999 other, specify

TOLL OPERATIONS

001 Working in toll booth
 002 Removing coin vault
 003 Working with automatic gate arm
 004 Gate tending
 005 Pushing stalled vehicles
 006 Cleaning toll lanes
 007 Cleaning restrooms
 008 Closing traffic lanes
 999 Other, specify
CONSTRUCTION
Earthwork
 222 removal and relocation inspection
 223 earthwork inspection
 224 curb and gutter and traffic
 separator inspection
 225 sidewalk inspection
 226 retaining wall inspection
 227 density-earthwork
 228 preparation for construction-office
 229 earthwork-office
Drainage
 231 box culvert inspection
 232 pipe construction inspection
 233 box culvert and minor drainage
 structure-office
 Base Construction Inspection
 235 subgrade inspection
 236 base construction inspection
 237 base construction-office
 Asphalt Paving
 241 asphalt paving inspection
 242 asphalt plant inspection
 243 weigh asphalt material
 244 asphalt paving-office
 PCC Paving
 251 portland cement concrete paving
 inspection
 252 joint repair inspection
 253 pcc paving-office
 Bridge Structure
 261 substructure piling inspection
 262 substructure concrete inspection
 263 superstructure concrete inspection
 264 structure-office
 Miscellaneous
 271 inspection of misc. items
 272 office work for misc.
 Special Feature
 281 special feature inspection
 282 special feature-office
 999 other, specify
SURVEYORS
 105 photo topographics
 106 design survey
 120 appraisal work-negotiation
 150 digital topographics
 155 design changes and survey
 319 expert witness
 999 other, specify
LAW ENFORCEMENT
028 FACILITY AND EQUIPMENT
MAINTENANCE
 031 seminars and meetings
 033 training
 034 GENERAL OFFICE WORK
 036 travel

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-18

Section A: Employee Information

1. Name - The last name, first name, and middle initial of the injured employee.
2. District/Central Office - The District/Central Office where the injured employee is assigned. Enter appropriate district/central office designation code number.
3. Unit - The Unit where employee is assigned. Enter the Unit's corresponding 3-digit cost center code.
4. Length of DOT employment - Employee's length of employment with DOT, in number of years, months.
5. Employee's Job Classification Code - Enter four-digit classification code for employee's job class (9200-9251=Office Support Level; 9260-9312=Administration and Management; 9620-9671=Engineering, Architecture and Surveying; 9740-9790=Operations, Maintenance; 9850-9900=Regulatory/Enforcement).
6. D.O.B. - The injured employee's birthdate, month, day, and year.
7. Sex - Select male or female.
- 8-9. Date and Time of Injury/Illness - Month, day, and year, and time (include AM or PM) when injury/illness occurred.
10. Location of Accident - Exact location (specific site location and address) where injury/illness occurred.
11. Check "Yes", if the employee had any limiting physical condition before this injury/illness occurred, "No" if there was no such condition.
12. The estimated number of days the employee will be out of work as a result of the injury/illness.

Section B: Injury/Illness Occurrence Information

1. Description of injury/illness occurrence. Employee's description of how, when, where, what, and why this injury/illness occurred.
- 2-3. Employee's signature and date signed.

Section C: Injury/Illness Information

1. Injury Classification - refer to the definitions and select the appropriate classification code.
2. Event or Exposure - Select the appropriate code that describes the manner in which the injury/illness was produced or afflicted.
3. Body Part Affected - Select the appropriate code that identifies the part of the injured/ill person that was directly affected by the nature of the injury/illness.
4. Type or Nature of Injury/Illness - Select the appropriate code that identifies the injury/illness in terms of its principal physical characteristics and enter the corresponding code number.
5. Source of Injury/Illness - Select the appropriate code that identifies the object, substance, bodily motion or exposure that directly produced or afflicted the identified injury/illness.
6. Task at Time of Injury/Illness - Select the appropriate task being done at the time of injury/illness and enter the corresponding code number.
7. Protective Equipment - Check appropriate responses (Y or N) to the following questions: is protective equipment required for the task being performed?; and if needed, was it available?; and; if available, was the equipment used?

Section D: Comments and Recommendations

1. Supervisor
 - A) Name - The last name, first name, and middle initial of the immediate supervisor.
 - B) Phone/Suncom - The telephone number of the immediate supervisor.
 - C) Comments/recommendations - Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D) Date - The date the report was reviewed and signed by the immediate supervisor.
 - E) Signature - Signature of immediate supervisor.
2. Safety Specialist's/Designated Safety Person.
 - A) The Safety Specialist/designated safety person's last name, first name and middle initial.
 - B) Phone/Suncom - The safety specialist/designated safety person's telephone number.
 - C) Comments/Recommendations - Safety Specialist/designated safety person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D) Date - The date report was reviewed by the Safety Specialist/designated safety person.
 - E) Signature - Signature of safety specialist/designated safety person.

Section E: Contact Person

- 1-2 Name and telephone number of contact person for this report.

Distribution: Copy to the State Safety Office, Industrial Safety, M.S. 53

Definitions for Injury Classifications (Section C, Number 1):

01 No Treatment - No treatment provided or sought by the injured.

02 First Aid - Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. First aid is (1) limited to one-time treatment and subsequent observations, and (2) involves treatment of only minor injuries, not emergency treatment of serious injuries. Injuries are not minor if:

- (a) They must be treated only by a physician or licensed medical personnel;
- (b) They impair bodily function (i.e., normal use of senses, limbs, etc.);
- (c) They result in damage to the physical structure of a non-superficial nature (e.g., fractures); or
- (d) They involve complications requiring follow-up medical treatment.

The following are generally considered to be first aid treatment:

- (a) Application of antiseptics during first visit to medical personnel
- (b) Treatment of first degree burn(s)
- (c) Application of bandage(s) during any visit to medical personnel
- (d) Use of elastic bandage(s) during first visit to medical personnel
- (e) Removal of foreign bodies not embedded in eye if only irrigation is required
- (f) Removal of foreign bodies from wound, if procedure is uncomplicated, and is, for example, by the use of tweezers or other simple technique
- (g) Use of nonprescription medication(s) and administration of single dose of prescription medication on first visit for minor injury or discomfort
- (h) Soaking therapy on initial visit to medical personnel or removal of bandage(s) by soaking
- (i) Application of hot or cold compress(es) during first visit to medical personnel
- (j) Application of ointments to abrasions to prevent drying or cracking
- (k) Application of heat therapy during first visit to medical personnel
- (l) Use of whirlpool bath therapy during first visit to medical personnel
- (m) Negative X-Ray diagnosis
- (n) Observation of injury during visit to medical personnel

03 First Aid Medical - Injury cases where the injured employee went to a physician or medical facility and received first aid treatment.

04 Medical Treatment - Any treatment, other than first-aid treatment, administered to injured employees. Essentially, medical treatment involves the provision of medical or surgical care for injuries that are not minor, through the application of procedures and systematic therapeutic measures. The following are generally considered to be medical treatment:

- (a) Treatment of infections
- (b) Application of antiseptics during second or subsequent visit to medical personnel
- (c) Treatment of second or third degree burn(s)
- (d) Application of sutures (stitches)
- (e) Application of butterfly adhesive dressing(s) or Steri-Strip(s) in lieu of sutures
- (f) Removal of foreign bodies embedded in the eye
- (g) Removal of foreign bodies from wound, if procedure is complicated because of depth of embedment, size, or location
- (h) Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort)
- (i) Use of hot or cold soaking therapy during second or subsequent visit to medical personnel
- (j) Application of hot or cold compress(es) during second or subsequent visits to medical personnel
- (k) Cutting away dead skin (surgical debridement)
- (l) Application of heat therapy during second or subsequent visits to medical personnel
- (m) Use of whirlpool bath therapy during second or subsequent visits to medical personnel
- (n) Positive X-Ray diagnosis (fractures, broken bones, etc.)
- (o) Admission to a hospital or equivalent medical facility for treatment.

05 Fatality - Death resulting from a work-related injury or illness.

06 Illness of an employee is any abnormal condition or disorder other than one resulting from an injury, caused by exposure to environmental factors. Includes illnesses which may be caused by inhalation, absorption, ingestion or direct contact.