

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**INJURY/ILLNESS REPORT**

Please print or type

**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) Attachments Provided? \_\_\_\_\_ 6) DOB \_\_\_\_\_ 7) Sex: \_\_\_\_\_  
MM/DD/YYYY
- 8) Date of Injury or Illness \_\_\_\_\_ 9) Time of Injury or Illness \_\_\_\_\_  
MM/DD/YYYY HH:MM AM/PM
- 10) Location \_\_\_\_\_

**SECTION B - INJURY/ILLNESS OCCURRENCE INFORMATION**

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

2) \_\_\_\_\_ 3) Date \_\_\_\_\_  
Employee Signature (If available to sign) MM/DD/YYYY

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

- |  |       |   |
|--|-------|---|
| 1) Injury Classification (see code)          | _____ | 6) Protective Equipment:<br>(Yes or No) |
| 2) Injury Cause (see code)                   | _____ | Required _____                          |
| 3) Type of Injury (see code)                 | _____ | Available _____                         |
| 4) Body Part Injured (see code)              | _____ | Used _____                              |
| 5) Task at time of Injury/Illness (see code) | _____ |   |

## SECTION D - COMMENTS AND RECOMMENDATIONS

### 1) SUPERVISOR

A) \_\_\_\_\_ B) \_\_\_\_\_  
Last Name First Name Phone

C) Comments and Recommendations for Prevention/Corrective Actions

D) \_\_\_\_\_ E) Date \_\_\_\_\_  
(Signature) (MM/DD/YYYY)

### 2) SAFETY SPECIALIST/DESIGNATED SAFETY PERSON

A) \_\_\_\_\_ B) \_\_\_\_\_  
Last Name First Name Phone

C) Comments and Recommendations for Prevention/Corrective Actions

D) \_\_\_\_\_ E) Date \_\_\_\_\_  
(Signature) (MM/DD/YYYY)

### 3) UNIT MANAGER/OFFICE HEAD

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

B) Prevention/Corrective Actions Taken

C) \_\_\_\_\_  
(Signature)

D) Date \_\_\_\_\_  
(MM/DD/YYYY)

### 4) SAFETY MANAGER/LOSS CONTROL MANAGER/OR DESIGNEE

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

B) Prevention/Corrective Actions Taken

C) \_\_\_\_\_  
(Signature)

D) Date \_\_\_\_\_  
(MM/DD/YYYY)

## 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 person.
2. District / Central Office Code - The District / Central Office Code where the injured employee is assigned.
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. Attachments? Are any supporting documents attached to this report. Answer Yes or No.
6. D.O.B- The injured employee's birth date month day and year.(MM/DD/YYYY)
7. Sex- Select Male or Female.
- 8-9. Date and Time of Injury/Illness- Month, day, Year and Time (Include AM or PM) when injury or illness occurred.
10. Location – General location of where the injury/illness occurred

### Section B: Injury / Illness Occurrence Information

- 1 Description of Injury/Illness occurrence-The employee's description of how, when, where, 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. (see page 4 for details)
2. Injury Cause- Select the appropriate code that describes the physical act or event that produced or afflicted the injury/illness.
3. Injury Type - Select the appropriate code that identifies the Injury/illness in terms of its principle physical characteristics and enter the corresponding code number.
4. Body Part Injured- Select the appropriate code that identifies the part of the injured/ill person that was directly affected by the type of injury/illness.
5. Task at the Time of Injury/Illness- Select the appropriate work task being done at the time of the injury/illness and enter the corresponding code number.
6. Protective Equipment- Enter the appropriate responses (Yes or No) 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 of the immediate supervisor.
  - B) Phone- The telephone number of the immediate supervisor
  - C) Comments and Recommendations- Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
  - D) Signature- Signature of the immediate supervisor.
  - E) Date- The date the report was reviewed and signed by the immediate supervisor.
- 2 Safety Specialist/ Designated Safety Person:
  - A) The Safety Specialist /Designated Safety Person's last name and first name
  - B) Phone- The telephone number of the Safety Specialist / Designated Safety Person
  - C) Comments and Recommendations- The Safety Specialist / Designated Safety Person's comments and recommendations for corrective or preventive action to prevent similar occurrences
  - D) Signature- Signature of the Safety Specialist / Designated Safety Person
  - E) Date- The date the report was reviewed and signed by the Safety Specialist / Designated Safety Person
3. Unit Manager / Office Head:
  - A) The Unit Manager / Office Head's last name and first name
  - B) Action Taken - Corrective or preventive actions taken
  - C) Signature- Signature of the Unit Manager/Office Head
  - D) Date- The date reviewed and signed by the Unit Manager / Office Head
3. Safety Manager/Loss Control Manager/or Designee:
  - A) The Safety Manager/Loss Control Manager/or Designee's last name and first name
  - B) Action Taken - Corrective or preventive actions taken
  - C) Signature- Signature of the Safety Manager/Loss Control Manager/or Designee
  - D) Date- The date reviewed and signed by the Safety Manager/Loss Control Manager/or Designee

#### Form Distribution

##### One Copy to:

- District Safety and Health Manager/Designated Person. (For Central Office, the completed report should be forwarded to the State Safety Office, Industrial Safety, MS 53.)

- State Safety Office, Industrial Safety, 605 Suwannee Street, MS 53, Tallahassee, Florida 32399, or input into Industrial Safety Information Management System by the authorized department.

### **Definitions for Injury Classifications (Section C, Number 1)**

01 No Treatment- where the employee feels that they received an injury from the accident, but no treatment was needed to include the use of first aid supplies.

02 First Aid- where an employee requires the use of first aid supplies or one-time medical treatment that normally would not require medical attention.

**Per OSHA 1904.7, the following are considered to be first aid:**

- a) Using a non-prescription medication at non-prescription strength (found in first aid kit)
- b) Receiving a tetanus immunization
- c) Cleaning, flushing or soaking wounds on the surface of the skin
- d) Using wound coverings such as bandages, Band-Aids, gauze pads, etc. or using butterfly bandages or Steri-Strips
- e) Using hot or cold therapy
- f) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- g) Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, back boards)
- h) Drilling of a fingernail to toenail to relieve pressure, or draining fluid from a blister
- i) Using eye patches
- j) Removing foreign bodies from the eye using only irrigation or a cotton swab
- k) Using finger guards
- l) Using massages (not physical therapy)
- m) Drinking fluids for relief of heat stress
- n) Visits to a physician or other licensed health care provider professional solely for observation or testing
- o) The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes
- p) First and Second degree burns that do not require medical treatment

03 Medical Treatment- the management and care of a patient to combat disease or a disorder. If the employee had a concussion or if the employee receives a non-prescription medication at the prescription strength by a physician or other licensed health care professional.

04 Fatality- Death resulting from a work related injury.

05 Illness- Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or systemic poisoning. These are typically caused by inhalation, absorption, ingestion or direct contact.

## 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  
10 Central Office-Finance and Admin  
11 State Materials Office  
12 Central Office-Engineering and Operations  
13 Motor Carrier Compliance Office  
14 Central Office-Intermodal Systems Development  
15 Office of Information Systems

### INJURY/ILLNESS CLASSIFICATION

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

### CAUSE OF INJURY/ILLNESS

01 Exposure to/Contact with/or Stuck by...  
01a ...Airborne Particle/Substance/Foreign body  
01b ...Animal/Insect  
01c ...Electricity  
01d ...Environmental Condition  
01e ...Object/Falling Object  
01f ...Harmful Plant  
01g ...Moving Equipment/parts  
01h ...Noise  
01i ...Person  
01j ...Pinch Point  
01k ...Radiation  
01l ...Temperature/Pressure Extreme/Fire  
01m ...Toxic Substance  
02 Body Movement/Mechanics/Repetitive Motion (non material handling)  
03 Equipment Use (any type, office or field)  
04 Material Handling (lifting, pushing, pulling, etc)  
05 Motor Vehicle Crash  
06 Slips/Trips/Falls

### BODY PART AFFECTED

01 Head  
02 Face/eyes/ears/nose  
03 Mouth/teeth/jaw/chin  
04 Neck/throat  
05 Multiple body parts  
06 Shoulder/collarbone  
07 Arm/upper to elbow  
08 Arm/lower to wrist  
09 Hand/fingers  
10 Chest/ribs  
11 Heart/lung/other internal organ  
12 Back/spine  
13 Abdomen/Groin  
14 Hips/buttocks  
15 Leg/thigh  
16 Knee  
17 Leg/shin/calf  
18 Ankle  
19 Foot/toes

### TYPE OF INJURY/ILLNESS

01 Amputation  
02 Asphyxiation/suffocation/drowning  
03 Bite/sting  
04 Bruise/contusion  
05 Burns, all types  
06 Concussion/loss of consciousness  
07 Electrocutation  
08 Fracture/dislocation  
09 Hearing/vision loss  
10 Inhalation/ingestion poisoning  
11 Heat related illness  
12 Laceration/cut/puncture  
13 Medical condition  
14 Skin condition  
15 Sprain/strain/torn  
16 Swollen/inflamed

### 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  
542 road sweeping - manual  
543 road sweeping - mechanical  
544 rest area maintenance  
545 edging and sweeping

### **TRAFFIC SERVICES**

520 signs- ground signs 30 square feet or less  
521 signs - ground signs over 30 square feet -all overland 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

### **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

### **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

### **SURVEYORS**

105 photo topographics  
106 design survey  
120 appraisal work-negotiation  
150 digital topographics  
155 design changes and survey  
319 expert witness

### **GENERAL or OTHERS**

089 Law Enforcement  
028 Facility and Equipment Maintenance  
031 Seminars and Meetings  
033 Training  
034 General Office Work  
036 Travel