Annex H
(Informative)
Eye Injury Report Form

The attached form is provided for users of occupational and educational eye and face protection. completing and returning this form will assist the Z87 Committee on Safety Standards for Eye Protection to improve this standard and develop others, as appropriate. The Eye Injury Report Form is not subject to copyright and may be reproduced as needed.

Eye Injury Report Form

Please report all work-related and education-related eye injuries to assist the ANSI Z87 Committee on Eye and Face Protection develop improved standards. Eye injuries include injuries to the eyeball, surrounding tissue such as the lids, and the bones forming the eye socket.

1. Injured worker/student information

Worker's/student's initials (first/middle/last) _____

Sex ❑ Male ❑ Female Age _____

Job title/type of work: _____
(describe in detail)

_____
(e.g., journeyman carpenter-concrete form builder)

Date of injury (mo/day/yr) _____/_____/_____

Was there 1 day (8hrs) or more of lost work/school-time?
❑ Yes ❑ No ❑ Unknown

2. Employer/Educational institution information

Nature of business _____
(describe in detail; e.g., steel ball-bearing manufacturer)

Contact name _____

Title _____

Company name _____

Address _____

City _____ State ____ Zip _____

Phone (____) _____ FAX (____) _____

3. Industry type *(check one)* **or describe education institute**

❑ Agriculture/forestry/fishing
❑ Mining
❑ Construction
❑ Manufacturing
❑ Transportation
❑ Public Utility/Sanitation
❑ Finance/Insurance/Real estate
❑ Retail/wholesale trade
❑ Services (e.g., lodging/food/health/legal/social/education)
❑ Public Administration (e.g, govt/police/fire/safety/military)
❑ Other *(describe)*:

4. Part of body injured *(Check all that apply)*

❑ Eyeball, one eye
❑ Eyeball, both eyes
❑ Eye lid
❑ Other tissue around eye
❑ Bone, eye socket
❑ Other:_____

5. Nature of injury *(Check all that apply)*

❑ Corneal scratch/abrasion
❑ Foreign body on eye surface
❑ Foreign body in eyeball
❑ Puncture of eyeball
❑ Laceration to eye or lid
❑ Facial fracture
❑ Thermal burn
❑ Chemical burn
❑ Radiation burn (welder flash)
❑ Blunt trauma to eye
❑ Blood in eye
❑ Other: _____

6. Source of injury *(check one)*

- ❑ Chemicals and chemical products (includes wet/dry cement mix)
- ❑ Containers
- ❑ Furniture and fixtures (includes wall/floor/window coverings)
- ❑ Machinery
- ❑ Parts and materials (includes building materials/fasteners)
- ❑ Persons, plants, animals, and minerals
- ❑ Structures and surfaces
- ❑ Tools, instruments, and equipment
- ❑ Vehicles
- ❑ Other sources (scrap/debris) *describe*:

7. Injury event or exposure *(check one)*

- ❑ Contact with objects and equipment
- ❑ Falls
- ❑ Bodily reaction and exertion
- ❑ Exposure to harmful substance or environments
- ❑ Transportation accidents
- ❑ Fires and explosions
- ❑ Assaults and violent acts
- ❑ Other events or exposures *(describe)*:

8. At the time of the injury was the worker/student wearing <u>any</u> of the following items: prescription glasses, contact lenses, sunglasses, or safety eye and face protection (e.g., safety glasses, goggles, face shield, welding helmet)?
(check one) ❑ Yes *(go to question 9)* ❑ No *(skip to question 12)* ❑ Unknown *(skip to question 12)*

9. What vision aids and/or eye protection were worn at the time of the injury? *(Check <u>all items</u> that were worn)*

- ❑ Prescription glasses (non-safety)
- ❑ Contact lenses
- ❑ Sunglasses (non-safety)
- ❑ Prescription safety glasses with side shields
- ❑ Prescription safety glasses--no side shields
- ❑ Non-prescription safety glasses with side protection
- ❑ Non-presc. safety glasses–no side protection
- ❑ Non-presc. safety glasses–side protection unknown
- ❑ Goggles–direct vented
- ❑ Goggles–indirect vented
- ❑ Goggles–non vented
- ❑ Goggles–venting unknown
- ❑ Cup goggles
- ❑ Wire mesh goggles
- ❑ Laser goggles
- ❑ Other *(describe)*:
- ❑ Face shield--plastic
- ❑ Face shield–wire mesh
- ❑ Face shield–plastic mesh
- ❑ Welding helmet
- ❑ Welding goggles
- ❑ Full-face respirator

Complete other side

10. How was the worker/student injured while wearing the item(s) checked in question 9?
(check one)

- ❑ Object/chemical went around glasses/protector
- ❑ Object went through glasses/protector
- ❑ Object/impact forced glasses/protector into eye
- ❑ Glasses/protector was knocked off
- ❑ Other *(describe)*:
- ❑ Frame broke & caused injury
- ❑ Lens shattered & entered eye
- ❑ Lens was knocked out of frame
- ❑ Glasses/protector were lifted up/not in proper position

11. If the safety eye protection was damaged in the injury event, what type of material was damaged?

(Check all that apply)

- ❑ Polycarbonate plastic lens/shield
- ❑ Acrylic plastic lens/shield
- ❑ CR39 or Hi-Index plastic lens
- ❑ Other or unknown-type plastic lens/shield
- ❑ Glass lens
- ❑ Wire or plastic mesh lens/shield
- ❑ Plastic frame/headgear
- ❑ Metal frame/headgear
- ❑ Other *(describe)*:

12. Describe the medical treatment required other than simple first aid:

(Check all that apply)

- ❑ Emergency department visit
- ❑ Physician/clinic visit
- ❑ Eye specialist visit
- ❑ Eye surgery--repair or removal of an object
- ❑ Eye surgery–removal of the eye
- ❑ Hospitalization (∃24hrs)
- ❑ Other *(describe)*:

Was there a permanent loss of vision? ❑ Yes ❑ No

Checklist of narrative items to include:	13. Please describe how the eye injury occurred including the job at the time, equipment that was used, where the work was done, the type of injury, and any other factors which may have contributed to the injury. A detailed company incident report may be attached in place of this narrative.
✓**Eye protection worn**	
✓**If safety eye protection failed, why?**	
✓**Type of work being done** (general)	
✓**Specific task**	
✓**Bystander or helper**	
✓**Equipment/tools used** powered? hand tool?	
✓**Materials handled or worked with** (e.g., type of material sawing, welding or grinding)	
✓**Location** inside/outside--if outside, weather & lighting; type of structure	
✓**Type of Injury** struck by flying object; welding burn (UV); blunt trauma; chemical splash; assault; vehicle accident (airbag injury)	
✓**Nature of Injury** foreign body, corneal	*Use additional paper if necessary*

14. Return form to:

ANSI Accredited Z87 Committee
c/o American Society of Safety Engineers
1800 East Oakton Street
Des Plaines, IL 60018

If safety eye protection was damaged in the incident, please include photographs or the eye protection device, if available. Thank you for your assistance in helping prevent eye injuries among American workers and students.