Use this form to record, report, and track symptoms of overexertion injuries. (It’s intended for use within your company, and not to be used for reporting to Oregon OSHA.)

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| Employee name: |  | Date: |  |
| Employee job title: |  | Supervisor: |  |
| Division: |  | Section: |  | Unit: |  |
| Length of service in present position:[ ]  Less than 6 months [ ]  6 months-1 year [ ]  1-2 years [ ]  2-3 years [ ]  3-5 years [ ]  More than 5 years |
| Location of task: |  |
| Check activities that led to symptom:[ ]  Driving [ ]  Keyboarding [ ]  Lifting [ ]  Carrying [ ]  Pushing/pulling[ ]  Climbing [ ]  Reaching [ ]  Handling [ ]  Bending [ ]  Twisting |
| [ ]  Other: |  |
| Task(s) causing symptom: |
| Total time spent at task in one work day:[ ]  Less than 2 hours [ ]  2-4 hours [ ]  4-6 hours [ ]  6-8 hours [ ]  8-10 hours |
| Continuous time spent at task without rest:[ ]  Less than 1 hour [ ]  1-2 hours [ ]  2-3 hours [ ]  More than 3 hours |