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 | | | | | | | | | | |