

## SCIF DESCRIPTIONS OF ILLNESSES/INJURIES AND BODY PARTS AFFECTED (1700)

(No. 12 March 1998)

### Injury/Illnesses Descriptions

Chemical Injury/Burn		Struck/Injury by Misc	
Contact with Hot Object		Contact W/Electric Current	
Fire or Flame		Injury by Animal or Insect	
Steam/Hot Fluids		Explosion or Flareback	
Dust/Gas/Vapor		Foreign Body in Eye	
Burn by Welding Operation		Robbery/Criminal Assult	
Burn by Radiation Injury		Cumulative	
Burn by Hazardous Material		Amputation	_____
Caught in/between Machine		Bruised	_____
Caught While handling		Bite/Sting	_____
Caught in/between Misc		Burn/Scald	_____
Cut/Injured Broken Glass		Crushed	_____
Cut/Injured by Hand Tool		Cut/Puncture	_____
Cut/Injured by Powered Tool		Dislocation	_____
Cut/Injured by Misc		Fracture	_____
Fall/Slip From Diff Level		Hernia	
Fall/Slip Ladder/Scaffold		Irritant	_____
Fall/Slip Liquid/Grease		Strain/Sprain	_____
Fall/Slip on Same Level		Cancer	_____
Slipped, did not Fall		Cumulative Injury	_____
Fall/Slip on Misc		Dermatitis	
Collide With Other Vehicle		Hearing Loss	_____
Collide With Fixed Object		Infectious Disease	_____
Crash of Airplane		Job Stress	_____
Vehicle Upset		Neur/Musc	
Crash of Motorcycle		Pneumonoconioses	
Motor Vehicle Misc		Poisoning	_____
Strain/Injury by Jumping		Death From	_____
Injury by Holding/Carrying	_____	Multiple Inj of	_____
Strain/Injury by Lifting	_____		
Injury by Pushing/Pulling	_____		
Strain/Injury by Reaching for	_____		
Injury using Tool/Machine			
Striking Moving Part Mach	_____		
Striking Object Handled	_____		
Injury/Sanding/Scraping			
Strike/Step on Fixed Obj	_____		
Step on Sharp Object	_____		
Struck by Fall/Fly Object			
Struck by Tool/Mach in Use	_____		
Struck by Motor Vehicle	_____		
Struck by Moving Part Mach	_____		
Struck by Object Handled	_____		

Injury by Obj by Others

Body Parts

Ear	_____
Emot/Psych	
Eye(s)	_____
Face	
Nose	
Back	
Neck	
Arm(s)	_____
Elbow	_____
Finger(s)	_____
Hand(s)	_____
Shoulder	_____
Wrist	_____
Abdomen	_____
Chest	
Heart	
Internal Organ	_____
Lung(s)	_____
Rib(s)	_____
Ankle	_____
Foot	_____
Hip	_____
Knee	_____
Leg	_____
Toe	_____