

Accident Data Entry Form using MS Word

Contact Name: Enrique Bravo
Organization: Philadelphia Fire Department
Location: Philadelphia, Pennsylvania, USA

Customer Testimonial:

“I’m am very pleased with Paltech Solutions’ work and recommend their service. Right solutions at reasonable rates”


Enrique Bravo

Customer Requirement:

Create a new form in Microsoft Word from a previous template. The form has to include dynamic checkboxes and radio buttons for ease of data entry.

Our Solution:

A Microsoft Word form was created which included Visual Basic for Applications (VBA) coding for data entry validation.

 ACCIDENT, INJURY & ILLNESS (COPA II) REPORT <small>Immediate Supervisor MUST Complete This Form</small>			
PART I IDENTIFICATION			
1. NAME (LAST, FIRST & M.I.)		2. PRESENT ADDRESS	
3. OCCURRENCE TYPE <input type="radio"/> INJURY <input type="radio"/> ILLNESS <input type="radio"/> NEAR-MISS		4. GENDER <input type="radio"/> M <input type="radio"/> F	5. EMPLOYEE PHONE NUMBERS (HOME [H], WORK [W], CELL [C]) H: _____ W: _____ C: _____
6. DEPARTMENT & DIVISION		7. NORMAL UNIT / DISTRICT	8. PAYROLL NO.
WHO	9. WORK STATUS <input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/> TEMP	10. JOB TITLE	11. JOB TITLE AT TIME OF INJURY
	12. WORK ASSIGNMENT <input type="radio"/> ROUTINE <input type="radio"/> NON-ROUTINE <input type="radio"/> EMERGENCY	13. IMMEDIATE SUPERVISOR & PHONE NUMBER	
14. IMMEDIATE SUPERVISOR ON DUTY AT TIME OF INJURY		15. WITNESSES	
WITNESS #1		WITNESS #2	
16. DATE OF INJURY (MM/DD/YYYY)		17. TIME OF INJURY <input type="radio"/> AM <input type="radio"/> PM	18. DATE INJURY REPORTED (MM/DD/YYYY)
19. TIME INJURY REPORTED <input type="radio"/> AM <input type="radio"/> PM		20. USUAL/NORMAL WORK HOURS? <input type="radio"/> AM <input type="radio"/> PM	
21. OVERTIME SHEFT? <input type="radio"/> YES <input type="radio"/> NO		22. STRAIGHT SHEFT? <input type="radio"/> YES <input type="radio"/> NO	23. ROTATING SHEFT? <input type="radio"/> YES <input type="radio"/> NO
24. INJURY OCCURRED: <input type="radio"/> INSIDE (CHECK BOX & COMPLETE 25-28) <input type="radio"/> OUTSIDE (CHECK BOX & COMPLETE 29-30)		25. ADDRESS & BUILDING NAME	
26. EXACT LOCATION (FLOOR, AREA, ETC.)		27. INJURY OCCURRED: 28. LOCATION - INTERSECTION (OR DISTANCE [# OF FEET] & DIRECTION [N/S/E/W] FROM NEAREST INTERSECTION)	
29. OUTSIDE NORMAL WORK AREA / DISTRICT? <input type="radio"/> YES (SPECIFY DISTRICT) <input type="radio"/> NO		PART II DESCRIPTION	

Sample of the Data Entry Form