

# EPIDEMIOLOGIC INVESTIGATION REPORT

1. TASK NUMBER		2. INVESTIGATOR'S ID		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. OFFICE CODE	4. DATE OF ACCIDENT YR MO DAY	5. DATE INITIATED YR MO DAY		
6. SYNOPSIS OF ACCIDENT OR COMPLAINT				UPC
7. LOCATION (Home, School, etc)		8. CITY	9. STATE	
10A. FIRST PRODUCT		10B. TRADE/BRAND NAME	10C. MODEL NUMBER	
10D. MANUFACTURER NAME AND ADDRESS				
11A. SECOND PRODUCT		11B. TRADE/BRAND NAME	11C. MODEL NUMBER	
11D. MANUFACTURER NAME AND ADDRESS				
12 AGE OF VICTIM	13. SEX	14. DISPOSITION		15. INJURY DIAGNOSIS
16. BODY PART (S) INVOLVED	17. RESPONDENT	18. TYPE OF INVESTIGATION		19. TIME SPENT (OPERATIONAL HOURS)
20. ATTACHMENTS (S)	21. CASE SOURCE		22. SAMPLE COLLECTION NUMBER	
23. PERMISSION TO DISCLOSE NAMES (NON NEISS CASES ONLY)				
24. REVIEW DATE	25. REVIEWED BY		26. REGIONAL OFFICE DIRECTOR	
27. DISTRIBUTION O:EHDS CC:				
CPSC FORM 182 (12/96) Approved for use through 5/31/2000 OMB NO. 30410029				