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| **Employee Report of Injury**  **For Records Only** |  |

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| personal Information | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | First | | M.I. | | | | Today’s Date |  | |
| Street Address |  | | | | | | | | | | | Apartment/Unit # | | | | |  |
| City | | |  | | | | | | State | | ZIP | |  | | | | |
| Phone | | |  | | | | | | E-mail Address |  | | | | | | | |
| Injury Date: |  | | | | | Time of Injury: A.M. / P.M. | | | | | Social Security # | | |  | | | |
| Gender: | | |  |  |  |  | | --- | --- | --- | --- | | Male | Female | DOB: | Marital Status:  Married  Single | |  |  | | | | | | | | | | | | | | | | | | |
| Date of Hire: | | | | | Position: | | | | | | | | | | | | |
| |  |  | | --- | --- | | Employment Status: Part-time  Full-time  Temporary  Seasonal |  | | | | | | | | | | | | | | | | | | |
| **INCIDENT DETAILS** | | | | | | | | | | | | | | | | | |
| Were you injured? | | |  |  | | --- | --- | | YES | NO | | | | | | If yes, part of body injured: | | | |  | | | | | | |
| Did the incident occur on premise: | | | YES | NO | | | | Location of Accident: | | | | | | | | | |
| Materials Used: | | | YES | NO | | | | List Materials Used: | | | | | | | | | |
| Were there any witness: | | | |  |  | | --- | --- | | YES | NO | | | | | If yes, please provide name and phone number below: | | | |  | | | | | | |
| **Witness: (Please provide name and phone number)** | | | | | | | | | | | | | | | | | |
| Witness #1 - Name Phone Number | | | | | | | | | | | | | | | | | |
| Witness #2 – Name Phone Number | | | | | | | | | | | | | | | | | |
| **In our own words, please describe how the accident occurred: (**For additional comments please complete on back of this form) | | | | | | | | | | | | | | | | | |
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**Please selected the option below of choice to seek treatment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES | | Yes, I have elected to seek treatment as a result of this accident. | | |
| No | | No, I elected **NOT** to seek treatment as a result of this accident | | |
| Physician/Hospital Information: | |  | | |
| Disclaimer and Signature | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | |
| **Employee Signature:** |  | | **Date:** |  | |
| **Manager Signature:** |  | | **Date:** |  | |

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| **Additional Comments:** |
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