

INJURY/ILLNESS REPORT-EMPLOYEE

Store Name: _____

Location: _____

EMPLOYER/EMPLOYEE INFORMATION

EMPLOYER/COMPANY NAME _____ PHONE # _____

EMPLOYER ADDRESS (Street, City, State, Zip) _____

EMPLOYEE NAME (First, Middle Initial, Last) _____

EMPLOYEE MAILING ADDRESS (Street, City, State, Zip) _____

EMPLOYEE PHONE (_____) _____ DATE OF BIRTH ____/____/____ SS# _____

EMPLOYEE'S GENDER ____ Male ____ Female MARITAL STATUS _____ # OF CHILDREN _____

EMPLOYEE'S OCCUPATION/JOB TITLE _____

DATE HIRED ____/____/____ STATE HIRED _____ EMPLOYMENT: FULL TIME _____ PART TIME _____

EMPLOYEE'S CLASS CODE _____ HOURLY WAGE _____ HOURS/DAY _____ DAYS/WEEK _____

CLAIM INFORMATION

DATE OF INCIDENT/INJURY ____/____/____ TYPE OF CLAIM _____ Notice Only _____ Medical Only _____ Lost Time _____

DATE INJURY WAS REPORTED TO EMPLOYER ____/____/____ FIRST REPORTED TO _____

TIME OF INCIDENT _____ AM ____ PM TIME SHIFT BEGAN _____

WHERE DID INJURY OCCUR? (Stairs, dock, etc.) _____ WAS THIS AN OSHA RECORDABLE INJURY? ____ Yes ____ No

DEPARTMENT OR COST CENTER _____

HOW DID INJURY OCCUR? _____

SOURCE OF INJURY (Tool, substance, machine, etc.) _____

INJURY TYPE (Burn, sprain, cut, etc.) _____ PART OF BODY INJURED/EXPOSED _____

WAS INJURY FATAL? ____ Yes ____ No DID EMPLOYEE CONTINUE TO BE PAID? ____ Yes ____ No

WITNESS(ES) NAME(S) _____

PHONE NUMBERS _____

IS EMPLOYEE CURRENTLY ON TRANSITIONAL DUTY? ____ Yes ____ No LAST WORK DAY ____/____/____

FIRST FULL DAY OUT AFTER INJURY DATE ____/____/____ DATE EMPLOYEE EXPECTED TO RETURN TO WORK ____/____/____

PROVIDER INFORMATION

WAS EMPLOYEE INFORMED OF COMPANY'S RECOMMENDED PHYSICIAN OR CLINIC? ____ Yes ____ No

TREATING PHYSICIAN'S NAME (First, Middle Initial, Last) _____

PHYSICIAN'S PHONE NUMBER (_____) _____

PHYSICIAN'S MAILING ADDRESS (Street, City, Country, State, Zip) _____

WAS THE TREATING PHYSICIAN THE COMPANY'S RECOMMENDED PHYSICIAN/CLINIC? ____ Yes ____ No

HOSPITAL NAME _____

ADDRESS (Street, City, Country, State, Zip) _____

THIS FORM PREPARED BY _____ PREPARER'S PHONE NUMBER (_____) _____

PREPARED FOR _____