FIRST REPORT OF EMPLOYEE INJURY/ILLNESS

*****All injuries must be reported immediately*****

_____ _____

Employee's Name & Job Title/Position Supervisor

_____ _____

Address City State Zip Home/Cell #

_____ _____

SSN DOB Winess(es)

Time & Place:

- At what School/Site was the employee injured? _____
- Exactly where did the injury occur? (Hall, Room, etc) _____
- Date & Time of Injury _____
- Date Supervisor was informed _____

Person Injured:

- Occupation at time of injury _____
- # of hours worked per day _____
- # of days worked per week _____

Cause & Nature of Injury:

Describe fully how injury occurred and what employee was doing when injured:

_____

_____

_____

List all injuries and specify body parts involved. (eg right hand or left hand):

_____

_____

Treatment:

Did/will employee go to Urgent Care for treatment? Yes No Not at this time

Piedmont Urgent Care 619 Sullivan Rd Statesville, NC 28677 704-924-9111	Piedmont Urgent Care 125 Days Inn Dr Mooresville, NC 28117 704-660-9111	FastMed 252 Turnersburg Hwy Statesville, NC 28625 704-818-0369	FastMed 107 A. Commons Dr. Mooresville, NC 28117 704-235-0686

_____ _____

Signature of employee Date

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To be completed by HR:

Date employee returned to work_____ Restrictions:_____

At what occupation:_____

Please email or Fax this form to Giovana Nino at giovana_nino@iss.k12.nc.us or 704-872-2553