

The BLUE Form

Gwinnett County Public Schools First Report of Injury Form

(MUST be completed by employee and ORIGINAL needs to go to Risk Management Immediately)

Employee Full Name (Needs to be Legal Name)			
_____		_____	_____
		First	Middle
		Last	
Gender ___ Male ___ Female		Panel Physician or Provider <i>(If not going to doctor, put N/A)</i>	
Work Location		Other Treating Physicians:	
Work Phone #		EMPLOYEE #	
		Social Security #	
Hire Date:		HR Occupation: (Job of Injured Employee)	
Home Address:		Street Address _____	
		City _____	State _____ Zip _____
Date of Birth:		Home Phone #	
Date of Incident:		Time of Incident :	
Exact Location of this Incident:			
Detailed Description of this Incident:			
List all Witnesses		Name 1 _____ GCPS Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name 2 _____ GCPS Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name 3 _____ GCPS Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unsafe Act Contributing to the Incident:		Was Safety Equipment Being Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cause of Injury		Nature of Injury	
Primary Body Part Injured:		Which Side? <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> N/A	
Other Body Parts Injured:			
Name of Supervisor:		Date Supervisor Notified:	
Employee has been given a Panel of Physicians? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employee has been given the WC Packet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Acknowledgement: I _____ (name) acknowledge that the above information is an accurate account of the work related incident which occurred on _____ (date).			
Signature			Date