INCIDENT REPORT

(Please Answer <u>EVERY</u> Question)

Your Name:_____

                          First   Middle   Last

Your Employer's Name: _____

                                   (Work Location)

Your Address: _____

                      Street   City   State   Zip

Telephone Number: (_____)_____ Age: _____ Date of Birth:_____

Social Security Number: _____ Your Job Title: _____

Length of Employment: _____ Date of Injury: _____ Time: _____

Fully describe how you were injured: _____

_____

_____

Did your injury occur from one specific incident? Yes _____ No _____ If yes, describe incident _____

_____

Did your injury develop gradually over a period of time? Yes _____ No _____ If yes, indicate period of time

From _____ _____ To _____ _____

      (date)   (time)   (date)   (time)

Describe how injury developed _____

_____

Is there any way, other than described above, that you possibly could have injured yourself? Yes _____ No _____

If yes, please give details: _____

_____

Explain what caused your injury: (Example: What caused the fall?) _____

_____

_____

                    Employee Signature   Date

If you were lifting or moving an object when you were injured, describe the object: _____

Give the approximate weight of the object: _____

Describe the position you were in when you were injured: (Example: Sitting, Standing, Squatting, Bending) _____

When did you first realize you were injured?   (Date) _____   (Time): _____

When did you first feel pain? (Date) _____   (Time): _____

Who, at work, did you first tell about your injury? _____

When did you tell them?   (Date) _____   (Time) _____

When did you first tell your immediate supervisor of your injury? (Date) _____ (Time) _____

Name of Supervisor you reported your injury to: _____

If injury was not reported to your supervisor on the date you were injured, state the reason it was not reported:_

Name(s) of person(s) who witnessed your injury: _____

List parts of your body injured: _____

Names and addresses of physician(s) who have treated you for this injury: _____

Names and address of Hospital: _____

Have you lost time from work due to this injury: Yes _____   No _____

If so, indicate the date you returned to work after this injury? _____

Additional Remarks: _____

I certify that the answers given to the questions in the above two (2) pages are correct and accurate to the best of my ability and recollection.

_____
Employees Signature   Date