Edustaff

Accident Fund Policy: #100100699

FIRST REPORT OF INJURY

Date of Report: ______________________________

Date Notified Employer: ______________________________

Date of Injury: Time of Injury: ____________ AM/PM (circle one)

Edustaff Employee Information:

Employee Name (Last, First, Middle): ______________________________

SSN: ____________________ DOB: ____________________ Sex: M/F (circle one)

Address (Number & Street): ______________________________

City: ____________________ State: __________ Zip: __________

Phone Number: ____________________ Hire Date: ____________________

Job Title: ______________________________

Injury Report Information:

Job Location: ______________________________

DISTRICT: ______________________________

Start Time: __________ AM/PM (circle one) End Time: __________ AM/PM (circle one)

Address (Number & Street): ______________________________

City: ____________________ State: __________ Zip: __________

Witness to Injury: ____________________ Witness Phone Number(s): ____________________

Explain How Injury Occurred: ______________________________

____

Nature of Injury: ______________________________

4120 Brockton Dr. SE, Suite 200
Grand Rapids, MI 49512
humanresources@edustaff.org
(877) 974-6338 | Fax: (877) 974-6339

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FIRST REPORT OF INJURY (CONTINUED)

Part of the body directly affected by the injury: ____________________

Last Day Worked: ____________ Date Employee Returned: ____________

Was the injury fatal? Yes/No (circle one) If yes, date of fatality: ____________

Did employee seek medical treatment? Yes/No (circle one) - REQUIRED

If yes, date of treatment: ____________________

Name of treatment facility: ____________________

Address (Number & Street): ____________________

City: ____________ State: ____________ Zip: ____________

Restrictions: ____________________

____

____

Expected return to work date: ____________________

District Information: ____________________

Building Supervisor: ____________________

(printed name and signature)

Phone Number: ____________________

Date: ____________

Feedback: ____________________

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Please return via email to Edustaff HR at **HumanResources@Edustaff.org** or via fax to 877-974-6339. Thanks!