INITIAL REPORT ON WORK-RELATED INJURY or ILLNESS

1. **Has a fatality occurred?** □**No** □**Yes** If yes, date of death (mo./day/yr.) ____/____/____

2. **Employee Name** (last, first, middle) _____ 3. **Date of Birth** (mo./day/yr.)____/____/____

4. **Soc. Sec. #**____-_____-_____ 5. □ **Female** □**Male**

6. **Home Address** (# and street, city, state, and zip code) _____

7. **Home Phone** ( ) _____ -_____ _____ 8. **Other Phone** ( ) _____ - _____

9. **Date Hired** (mo./day/yr.) ____/____/____ 10. **Job Title** _____

11. **Department** _____ 12. **Dept. Phone** ( ) _____ - _____

13. **Date of injury or illness** (mo./day/yr.) ____/____/____ 14. **Time of injury or illness** _____ □am □pm 15. **Was employee on duty at the time?** □Yes □No

16. **Is this a new injury or illness?** □Yes □No 17. **Location of Incident** (address, if known) _____

18. **Name(s) and Phone(s) of Witness(es)** _____ or □**No Witnesses**

19. **Name of Supervisor Notified** _____ **Date & Time Notified** _____

20. **Did employee receive medical Treatment following this incident?** □Yes □No 21. **Medical Facility** (name, phone, address) **Date of Treatment**_____

22. **Name of medical provider/physician** _____ 23. **Was employee treated in an emergency room?** □Yes □No 24. **Was employee hospitalized overnight as an in-patient?** □Yes □No

25. **Check Part(s) of Body Affected and circle Right/Left (or both)**
□Head (R / L) □Face and Neck (R / L) □Eye (R / L) □Chest/Abdomen (R / L)
□Arm (R / L) □Hand (R / L) □Leg (R / L) □Foot (R / L)
□Upper Back (R / L) □Middle Back (R / L) □Lower Back (R / L)
□Other (R / L) _____

26. **Check Specific Type of Injury or Illness**
□Fracture □Foreign Body □Bruise □Cut/Scrape
□Burn □Sprain or Strain □Other_____

27. **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials; "spraying chlorine from hand sprayer"; "daily computer key entry."

_____

_____

28. **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet";

"Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

_____

_____

29. **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

_____

30. **Who completed this form?** □Injured employee □Supervisor □Other_____ 31. **Date completed** _____

I certify the information I have furnished on this form is true, correct, and complete to the best of my knowledge. Furthermore, I understand the information I supplied may be audited by the Company or its representatives. I understand that falsifying this document may be grounds for disciplinary action up to and including termination of employment. In addition, I may be in violation of Federal and/or State laws and subject to prosecution.

32. _____ _____
Employee's Signature **Date**

I have reviewed this report and acknowledge its receipt.

33. _____ _____
Supervisor's Signature **Date**

MAIL THIS FORM TO THE ADDRESS ABOVE, FAX TO 1-513-231-4325 OR E-MAIL TO mwagner@hunterconsulting.com