

▶▶▶ Branch Report of Injury

Affiliate/Office Location: _____ Phone: _____

Client where injury occurred: _____ Site: _____

Injured Employee's Job Position: _____ Pay Rate: _____

▶ Employee Information

Injured Employee: _____ Emp. ID #: _____

Employee Address: _____

Phone: _____ Date of Birth: _____ Date of Hire: _____

Injury Date: _____ Time Shift Began: _____ am/pm Time of Injury: _____ am/pm Date Reported: _____

Job Position: _____ Job Duties: _____

Supervisor Notified: _____ Date Notified: _____

Witness: _____ Witness Phone: _____

Report of Injury

1) What body part(s) was injured? (i.e. right eye, left ankle, index finger, etc.): _____

2) Exactly what was the employee doing at the time of the injury? (describe the sequence of events) _____

3) What object, machine, tool, substance, etc. directly caused the injury? (provide make, model, and manufacturer, if applicable) _____

4) Describe exactly how the injury/illness occurred: _____

5) Was safety equipment provided for job? Yes No If so, was it being used at the time? Yes No

Medical Information

6) Was the employee taken for treatment? Yes No If yes, treatment center name and phone number: _____

7) Was a drug test performed? Yes No If yes: Positive Negative

8) Has the physician been contacted? Yes No If yes, what information was provided? _____

Other Information

9) Has the employee returned to work? Yes No If yes, when? _____
(If no, provide expected return date in Comments below)

10) Comments & Recommendations: _____

Prepared By: _____

Date/Time Faxed: _____ Complete Incomplete
Date/Time Faxed: _____ Complete Incomplete

FAX TO 610-429-4117 WITHIN 24 HOURS OF INCIDENT