

First Report of Injury

Once completed email to christian@zamphr.com

911 called, bones broken, or employee referred to the ER/hospital? Yes ___ No ___

If yes, please call Christian 8013605036 so reporting can be done

EMPLOYEE

SS#: _____

Last name: _____

First name: _____

Home phone: _____

Cell phone: _____

Address: _____

Date of birth: _____

Male ___ Female ___

Married: Yes ___ No ___

No. of dependents: _____

Email: _____

JOB & SITE

Job title: _____

Date of hire: _____

State of hire: _____

Supervisor: _____

Phone# _____

Employer: _____

SHIFT & WAGE

Days worked per week: M T W Th F S S

Hours per shift: _____

Shift begins: _____

Perm or Temp Full -time Part-time

Hourly Wage: _____

Shift ends: _____

CLAIM

Date of injury: _____

Time of injury: _____

Body part: _____

left right both unknown

Date notified of injury: _____

Last day employee worked: _____

Paid in full for day of incident? Y / N

If not, how many hours? _____

DESCRIPTION

Detailed description of injury: Who, what, when, where and how? (use the reverseside of this form)

Address of accident or location: _____

Equipment or tools involved: _____

DOCTOR

Did employee seek medical care? Y / N

Name of Clinic: _____

Phone # _____

Injury caused by another employee? Y / N

Injury caused by a non-employee? Y / N

Are there any witnesses? Y / N

Name: _____

Any Concerns regarding injury? Y / N

Name of Hospital: _____

Phone# _____

Additional comments: _____

WORK STATUS

Is or will there be any time lost from work? Y / N

Released for temporary work assignment? Y / N

Date returned to work: _____