

WORKERS COMPENSATION LOCATION REPORTING FORM

NAME _____

ADDRESS – STREET _____

ADDRESS – CITY, STATE & ZIP CODE _____

SOCIAL SECURITY NUMBER _____

MARITAL STATUS SINGLE MARRIED SEPARATED UNKNOWN

DATE OF INJURY / DATE EMPLOYER NOTIFIED Injury date _____ Date notified _____

TIME EMPLOYEE BEGAN WORK _____ AM _____ PM

TIME OF OCCURRENCE _____ AM _____ PM

NAME, job title, & phone number of person Name _____ Phone _____

Completing this report and date prepared

Position _____ Date _____

WHERE DID THE ACCIDENT OCCUR? Be specific
(classroom, hallway, boiler room) _____

WHAT WAS THE EMPLOYEE DOING AT THE TIME OF THE INCIDENT? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Example: "Climbing a ladder while carrying roofing materials."

WHAT HAPPENED? Describe how the injury Occurred. Example: When ladder slipped on wet floor, worker fell 20 feet.

WHAT WAS THE INJURY OR ILLNESS? Describe the **part of the body affected** (include whether left or right, front or back, etc.) and **how it was affected**. Be specific; do not use "hurt", "pain", or "sore". Identify specific injury, such as...Strained back, bruised knee, chemical burn, etc.

WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE? Examples: "concrete floor", "chlorine", "radial arm saw". If not applicable, leave blank.

Did the employee miss work because of the accident? If so, give first date of absence following the date of the accident. _____

Did the employee seek medical treatment?
(If answer is yes, please continue.) _____

If not OPS, name & address of physician or licensed healthcare professional who treated employee for this injury? _____

Was EMS called? _____ Yes _____ No

Was employee treated in an emergency room? _____ Yes _____ No

Name of hospital or emergency room (if applicable) _____