

# FIRST REPORT OF EMPLOYEE INJURY

1. COMPANY UNIT # \_\_\_\_\_ 2. PHI # \_\_\_\_\_

3. EMPLOYEE NAME (include middle initial) \_\_\_\_\_

4. EMPLOYEE ADDRESS \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_

5. EMPLOYEE PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 6. SS# \_\_\_\_\_

7. GENDER \_\_\_\_\_ 8. MARITAL STATUS \_\_\_\_\_ 9. # OF DEPENDENTS \_\_\_\_\_

10. DATE OF BIRTH \_\_\_\_\_ 11. JOB TITLE \_\_\_\_\_

12. AVG # OF DAYS EMPLOYEE WORKS PER WEEK \_\_\_\_\_ 13. RATE OF PAY \_\_\_\_\_

14. AVG # OF HOURS EMPLOYEE WORKS PER WEEK \_\_\_\_\_ 15. FT OR PT \_\_\_\_\_

16. DATE OF ACCIDENT \_\_\_\_\_ 17. TIME OF ACCIDENT \_\_\_\_\_

18. HOW DID ACCIDENT OCCUR \_\_\_\_\_  
\_\_\_\_\_

19. LOCATION IN THE UNIT WHERE THE ACCIDENT OCCURRED \_\_\_\_\_

20. WHAT WAS EMPLOYEE DOING AT THE TIME OF THE ACCIDENT \_\_\_\_\_  
\_\_\_\_\_

21. IF A SLIP AND FALL ACCIDENT, WAS EMPLOYEE WEARING SHOES FOR CREWS \_\_\_\_\_

22. DOES EMPLOYEE HAVE SHOES FOR CREWS \_\_\_\_\_

23. PARTS OF BODY AFFECTED AND NATURE OF INJURY (specify left or right side of body)  
\_\_\_\_\_

24. DID EMPLOYEE SEEK MEDICAL TREATMENT \_\_\_\_\_

25. MEDICAL FACILITY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

26. IS EMPLOYEE UNABLE TO WORK \_\_\_\_\_ 27. IF SO, EXPECTED DATE OF RETURN \_\_\_\_\_

28. DATE EMPLOYEE HIRED \_\_\_\_\_ 29. SHIFT WORKING AT TIME (ex: 8am-4pm) \_\_\_\_\_

30. DID EMPLOYEE FINISH SHIFT \_\_\_\_\_ 31. DID EMPLOYEE RECEIVE FULL PAY FOR SHIFT \_\_\_\_\_

32. DATE REPORTED TO SAFETY MANAGER \_\_\_\_\_

33. EYEWITNESS STATEMENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. EYEWITNESS SIGNATURE \_\_\_\_\_

35. MANAGER ON DUTY SIGNATURE \_\_\_\_\_

**Call and report Accident immediately 1-xxx-xxx-xxxx**  
**Policy Number: XXXXXXXXX**

☐ Scan Report to: Safety@ADPhut.com and your District Manager