

**SUPERVISOR'S FIRST REPORT OF INJURY**

**THIS REPORT IS TO BE COMPLETED BY THE SUPERVISOR AND FORWARDED TO THE WORKER'S COMPENSATION COORDINATOR IMMEDIATELY UPON THE EMPLOYEE BEING INJURED.**

**1. EMPLOYEE INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date Hired: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_ Began Work \_\_\_\_\_

Employee Status: F/T \_\_\_\_\_ P/T \_\_\_\_\_ Inmate \_\_\_\_\_ Volunteer \_\_\_\_\_

**2. INJURY INFORMATION:**

Date of Injury: \_\_\_\_\_ Time of Injury: (AM/PM) \_\_\_\_\_

Last Date Worked (if employee is out of work) \_\_\_\_\_

Location of Accident: \_\_\_\_\_ County Property: Yes \_\_\_ No \_\_\_

Date Employer Notified: \_\_\_\_\_

**INJURY DETAILS:**

Describe the nature of injury (include body parts affected). Describe the employee's activity when injury occurred. Include the names of other individual(s) involved, **tools, machinery, chemicals and etc. Give as much detail as possible.**

---

---

---