

# ▶▶▶ 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