

## EMPLOYEE'S REPORT OF INJURY

**To be completed and signed by injured workers.**

**(Instructions: Email to Drew Reynolds [areynolds@4wp.com](mailto:areynolds@4wp.com) & Stephanie Alvarado [salvarado@explorerprocomp.com](mailto:salvarado@explorerprocomp.com) on day of injury, or day reported)**

Full Employee Name: Last, First, M.I.	Social Security Number: - -	Home Phone Number or Cell: ( ) -
Home Address:  Street:                      Unit:  City: State:                      Zip:	Date of Birth:  Married: ____ Yes, ____ No  Number of Dependents: ____  Your job title: _____	Sex: ____ Male, ____ Female
At this time are you in need of medical attention? ____ Yes, ____ No		
Date of next medical appointment, if any:  Did the doctor place you on restricted work duties? ____ Yes, ____ No  Did the doctor place you off work? ____ Yes, ____ No  Are you please with the medical treatment you received? ____ Yes, ____ No. If no, please explain.		
Date the injury occurred:  Time the injury occurred:  Time of day you started to work:	To whom did you first report the injury?  Name any witnesses to the injury:	
What were you doing at the time the injury occurred? Example: Cutting open a cardboard box.		
What equipment or material actually caused the injury? Example: cutting blade, grinder, forklift, floor.		
How did the accident occur? Example: When cutting open the box the blade slipped and struck my finger.		
List the body part(s) affected by the injury and the type of injury: Example: Right finger laceration.		
SIGN NAME:		DATE:

**BELOW TO BE COMPLETED BY HR**

Case Number From OSHA Log 300:	Date Injury Reported To Management:
Name of Doctor / Facility: Address:	If Restrictions, Date Started: If Lost Work Days, First Lost Work Day: Date Employee Returned To Work:

**USE BACK SIDE IF MORE SPACE IS NEEDED.**