BRIDGE HR Staffing

Employer's Report of Incident

COMPLETE ALL BLANKS

Date of This Report:_____/_____/_____ Date of Incident: _____/_____/_____

Name of Injured Worker: _____ SS#: _____

Birthdate: _____/_____/_____ Date Employee Reported Incident: _____/_____/_____

Home Address _____ Phone #: _____

City, State, ZIP: _____ Hire Date: _____/_____/_____

Does the injured worker have: Health Insurance?_____ Pre-Existing Conditions?_____

Injured Worker's Occupation: _____ Pay Rate: _____

Is Injured Worker Part-Time of Full-Time? _____ Full pay on day of injury?_____

Days Injured Worker Typically Works: _____

Time of Incident: _____ Time Employee Reported for Work Day of Incident:_____

Person Employee Reported Incident To: _____

Client Where Incident Occurred: _____

Address Where Incident Occurred: _____

Was the Injured Worker administered a drug test immediately following the incident? _____

If yes, what were the results?_____(Please send a copy of results)

Has employee lost time from work? (If yes, give dates of lost time and if employee has returned to work)

_____

Describe the incident in detail (how, why, where, what):

_____

_____

Is a third party (another company or individual) responsible for this incident? If yes, please give details:

_____

*******REPORT DUE WITHIN 24 HOURS OF ACCIDENT*******

*******Also complete the Employee's Report of Incident*******

Employer's Report of Incident

COMPLETE ALL BLANKS

Type of Injury (cut, sprain, bruise, fracture, etc.): _____

Which part of body injured (be specific): _____

Are there any safety issues that contributed to this injury? If so, please detail: _____

_____

List all witnesses to this incident, including names and phone numbers: _____

_____

Name of Medical Facility Where Employee Taken: _____

Phone Number: _____ Address of Facility: _____

Do you have any particular concerns with this claim? _____

_____

Name of Employer Contact Completing This Report: _____

_____

(Print Name & Phone Number)

Employer Contact's Signature: _____

*******REPORT DUE WITHIN 24 HOURS OF ACCIDENT*******

*******Also complete the Employee's Report of Incident*******