Employee Incident Report

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Name of BRIDGE HR Staffing's Client Employing Injured Worker

COMPLETE ALL BLANKS

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

Name of Injured Worker:_____ SS#: _____

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

Home Address: _____ Home Phone: _____

City, State & Zip: _____ Marital Status: _____

Weekly (or Hourly) Wages:_____ Number of Dependents: _____

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

Person Employee Reported Incident To: _____

Client Where Incident Occurred: _____

Address Where Incident Occurred: _____

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

_____

_____

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: _____

_____

List all prior injuries sustained at work and outside of work in the last 10 years that required medical attention (include dates, injuries, and body parts): _____

_____

I, employee, the undersigned, certify that the above is a true and correct statement of fact and that I made such statements of my own free will. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of my employer and/or BRIDGE HR STAFFING. I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to my employer. I hereby agree to release this information and hold all such medical providers harmless for the release of this information as set forth in this authorization. "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

_____/_____/_____

EMPLOYEE SIGNATURE DATE OF REPORT TRANSLATED by (if necessary)

BRIDGE HR Staffing prosecute to the fullest jurisdictional extent for all fraudulent claims reported. Per employment policy, a drug test is mandatory on all reported claims.

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