

**Completed by**

Name

Title

Phone

Date

**Information about the employee**

1) Full name

2) Street  City  State  ZIP

3) Date of Birth  4) Date Hired  5)  Male  Female

**Information about the physician or other health care professional**

6) Name

7) If treatment was given away from the worksite, where was it given?

Facility

Street  City  State  ZIP

8) Was employee treated in an emergency room?  Yes  No 9) Was employee hospitalized overnight as an in-patient?  Yes  No

**Information about the case**

10) Case number from the Log  11) Date of injury or illness

12) Time employee began work  13) Time of event  Check if time cannot be determined

14) What was the employee doing just before the incident occurred?

15) What happened?

16) What was the injury or illness?

17) What object or substance directly harmed the employee?

18) If the employee died, when did death occur?