



EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.):		2. UIN:	3. Date of Birth:
4. Home Phone:		5. Mailing Address:	
6. Date of Injury:	7. Time of Injury: : AM PM	8. Date Lost Time Began: : AM PM	9. Nature of Injury:
10. Was Employee doing his/her Regular Job?		11. Part of Body Injured or Exposed:	
12. Worksite Location of Injury (stairs, office, clinic, etc.):		13. Address Where Injury or Exposure Occurred (if not at SHS):	
14. How and Why Injury/Illness Occurred:			
15. Cause of Injury/Illness (fall, tool, machine, etc.):			
16. List Witnesses:			
17. Return to work date/or expected date:		18. Date Injury Reported:	
19. PRINT Name and Title of Person Completing Form:		20. SIGNATURE of Person Completing Form: _____ Date	