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| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Full Name:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SSN:** |  | | | | | | | | | | | | | | | | | | **Date of Birth:** | | | | | |  | | | | | | | | | | | | **Gender:** | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **City, State, Zip:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Date Hired:** | | | | |  | | | | | | | | | | | | | | | | | | **Employee Type:** | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Work Location:** | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Personal Phone:** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the Employee covered by Board Insurance?** | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Incident:** | | | | | | | |  | | | | | | | | | **Time of Incident:** | | | | |  | | | | | | | | | | | **Time Employee Began Work:** | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Reported to Supervisor:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Time Reported to Supervisor:** | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Type:** | | | | | | Accident  Exposure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Give a clear description of the incident and how it occurred:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Check Appropriate Action Required:** | | | | | | | | | | | | | | | | | | Ambulance Required  First Aid Only  No Treatment Needed  Emergency Treatment  Hospitalization  SCS Clinic | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Body Part(s) Injured:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Injury Type(s):** | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What caused the incident?** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What object or substance directly harmed the employee?** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OSHA Case Classification:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **# Days Away From Work:** | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OSHA Injury Type:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Anticipated Return Date:** | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Actual Return Date:** | | | | | | | | | |  | | | | | | | | | | | | | | | | **Physical Assault?** | | | | | | | | Yes  No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was Personal Protection Equipment Required?** | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Was Employee using Personal Protection Equipment?** | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reporting Location:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Report Prepared by:** | | | | | | | |  | | | | |
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| **Reporting Location Comments:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This form should be submitted to the main office for entry into the online Employee Accident Reporting system.