

**FIRST REPORT OF INJURY**

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Notified Employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Injury:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Injury:** \_\_\_\_:\_\_\_\_ AM PM (check one)

**EDUStaff Employee Information:**

Employee Name (Last, First, Middle): \_\_\_\_\_

**SSN:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** M F (check one)

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ **Hire Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Job Title:** \_\_\_\_\_

**Injury Report Information:**

**Job Location:** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

Start Time: \_\_\_\_:\_\_\_\_ AM PM (check one) End Time: \_\_\_\_:\_\_\_\_ AM PM (check one)

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness to Injury: \_\_\_\_\_ Witness Phone Number(s): \_\_\_\_-\_\_\_\_-\_\_\_\_

Explain How Injury Occurred: \_\_\_\_\_

\_\_\_\_\_

Nature of Injury: \_\_\_\_\_

**Part of the body directly affected by the injury:** \_\_\_\_\_

Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Employee Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the injury fatal? Yes/No (circle one) If yes, date of fatality: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Did employee seek medical treatment? Yes No (check one)**

If yes, date of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of treatment facility: \_\_\_\_\_

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Restrictions: \_\_\_\_\_

**Expected return to work date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**District Information:**

Building Supervisor: \_\_\_\_\_

(printed name and signature)

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date: \_\_\_\_\_

Feedback: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return via email to Julie Powers [jpowers@edustaff.org](mailto:jpowers@edustaff.org) or via fax to 877-974-6339.

Thanks!