IWIF Employee's Report of Injury

(To be completed by the employee)

Employee's name: _____ Male__ Female__
Last First Middle

Date of birth: ____/____/____ Home Telephone # (_____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Present classification: _____ How long employed here: _____

Social Security No.: _____-_____-_____ Bi-weekly salary: _____

Location of accident: _____
Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: _____

_____

_____

_____

_____
(continue on other side, if necessary)

Describe bodily injury sustained (be specific about body part(s) affected): _____

_____

_____

Recommendation on how to prevent this accident from recurring: _____

_____
(continue on other side, if necessary)

Name of Supervisor: _____
Last First Middle

Name(s) of Witness(es): _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

Signature of employee: _____ Date: _____