

First Report of Injury Additional Questions

1. Was this reported directly to the supervisor? If not reported immediately, why not?
2. Have you had any prior injuries to the same body part(s)? If so, what happened? Where did you seek treatment? When did you seek treatment?
3. What do you like to do in your spare time? (Hobbies, outside activities, etc.)
4. Did anyone witness the incident/injury? If so, list their first and last name and phone number.
5. Were you wearing your personal protective equipment? (check one) Yes No N/A
6. Slip/Falls: Did you have any work-related material in your hands at the time of incident? N/A
7. Is there anything else you would like us to know about the incident or injury? Have we captured all injuries arising from this incident? If not, please add any missing information.

By signing below, I confirm that I have reviewed the First Report of Injury and the Additional Questions, and the information is true and correct to the best of my knowledge.

Employee Printed Name: _____

Employee Signature: _____ Date: _____