

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

Employee Printed Name: _____

Employee Signature: _____ Date: _____