

**FIRST REPORT OF INJURY**

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

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

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

**Edustaff Employee Information:**

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

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

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

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

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

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

**Injury Report Information:**

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

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

Start Time: \_\_\_\_:\_\_\_\_ AM/PM (circle one) End Time: \_\_\_\_:\_\_\_\_ AM/PM (circle one)

Address (Number &amp; 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 (circle 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 Edustaff HR at [humanresources@edustaff.org](mailto:humanresources@edustaff.org) or via fax to 877-974-6339.  
Thanks!