Injury while working? **Employee Incident Report**

Directions: If you are injured at work, please fill out as best you can or call your supervisor as soon as possible to report the injury. This report should be given to your supervisor and then sent to the Ames office within 2 days of your injury.
Ames Office Ph: 515-292-1155

Date of Injury (MM/DD/YYY): _____

What time did you begin work the date your injury happened? _____

What time did the injury happen that day? _____

Information about the employee:

Printed Full Name: _____

Address: _____

(For Office use) Date hired: _____

(For Office use) Date of birth: _____

Circle one: ? ◯ Male ◯ Female

Did you see a physician, or do you plan to? ◯ Yes or ◯ No

If yes: Physician or clinic information:

Name and address of physician and clinic:

_____

Was treatment given away from the worksite? ◯ Yes or ◯ No

If yes: address where treatment was given: _____

Did you go to the emergency room? ◯ Yes or ◯ No

Were you hospitalized (did you spend 1 or more nights in the hospital)? ◯ Yes or ◯ No

Please list the exact address where the injury happened.

_____

What were you doing, what tools were you using and activity when the injury occurred?

What happened, in detail, how did you become injured?

_____

What is the injury? Examples: (Strained wrist, back pain, twisted (right or left) ankle, etc.)

_____

What object or substance directly harmed you? (Examples: Concrete floor, stapler, ladder)

NOTE:

An Office Administrator from Kurrent Electric may need to contact you for more information. Please reply promptly to them if that happens. By Law, there are a certain number of days that can go by without penalty to report injuries.
